

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90089 017 ****70.00

DOCUMENT # N19118

1. Entity Name

THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH I

Principal Place of Business

Mailing Address

HWY 79
P.O. BOX 298
VERNON FL 32462
US

HWY 79
P.O. BOX 298
VERNON FL 32462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2027421

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1816 Memorial Drive

City

FL

Zip Code

**HAGAN, WILLIS M
1816 MEMERORIAL DRIVE
WAUSAU FL 32463**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **HASKINS, JAMES D**
STREET ADDRESS **2860 CHURCH ST**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMMONS, THEODORE**
STREET ADDRESS **4557 CREEK RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RUSS, WILBURN W.**
STREET ADDRESS **3033 BRUNNER DAIRY RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **D** ☐ Change ☐ Addition
NAME **Evans, James Marlin**
STREET ADDRESS **3404 Cook Circle**
CITY-ST-ZIP **Vernon, FL 32462**

TITLE **D** ☐ Delete
NAME **BROCK, NEVL**
STREET ADDRESS **3385 FERRIS CIRCLE**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAW, SCOTT**
STREET ADDRESS **2941 MOSS HILL RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SHAW, SUE**
STREET ADDRESS **3446 SPOOLMILL ROAD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of SUE SHAW*

1/16/01

850-535-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)