

2002 UNIFORM BUSINESS REPORT (UBR)

4/8/

FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90240 037 ****70.00

DOCUMENT # N19118

1. Entity Name

**THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH I
 NCORPORATED**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

HAGAN, WILLIS M
 1816 MEMORIAL DRIVE
 WAUSAU FL 32463

7. Name and Address of New Registered Agent

Name

Theodore Simmons

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

4557 Creek Road

City

Vernon

FL

Zip Code

32462

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

Theodore Simmons
 4/1/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAMES MARLIN 34004 COOK CIRCLE VERNON FL 32462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, THEODORE 4557 CREEK RD VERNON FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, NEVIL 3385 FERRIS CIRCLE VERNON FL 32462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, SCOTT 2941 MOSS HILL RD VERNON FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAW, SUE 3448 SPOOLMILL ROAD VERNON FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brock, Kenneth 3493 Holmes Valley Road Vernon FL 32462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howell, James 3991 Dorch Circle Vernon FL 32462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

WILLIS M HAGAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
 Date

850-535-2281
 Daytime Phone #

CR2E037 (9/01)