


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90332 030 ****70.00

DOCUMENT # N23862

1. Entity Name
OUTREACH MINISTRIES, INC.



Principal Place of Business
**3412 N W 33RD ST
FT LAUDERDALE FL 33309
US**

Mailing Address
**3412 N.W. 33 RD ST.
FT. LAUDERDALE FL 33309**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.
As Above

Suite, Apt. #, etc.
As Above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~78225-100~~

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

**SINKO, JOANNE R E V.
3412 N.W. 33RD STREET
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SINKO, JOANNE R 3412 NW 33RD STREET FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RANNELLS, ROCHELLE 3412 N.W. 33 RD ST. FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SINKO, EDWARD 3412 NW 33RD STREET FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: **SIGNATURE REQUIRED** *Rev. Joanne Sinko* **4/27/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-954-977-3010

CR2E037 (10/02)

Attachment 55045500

N23802

5/28/03

Dear Sir,



I have refiled this renewal as told to do over the phone at the 800 number.

If there are any more problems, please call me collect - other than that I'll look for my renewed certificate.

You can call me collect if you need me!

God Bless you -
Rev. Sinko



Veterans of Foreign Wars of
the United States



Rev. Joanne Sinko
Corporation President
1-954-777-3010