

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24820

1. Entity Name

EVANGELICAL OUTREACH MINISTRIES, INC.

Principal Place of Business

7537 ANDREWS STREET
HUDSON FL 34667
US

Mailing Address

EVANGELICAL OUTREACH MINISTRIES, INC.
P O BOX 5216
HUDSON FL 34674-5216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENCE, EDGAR
12418 WEATHERSTONE ROW
BAYONET POINT FL 34667

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

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 PTD ☐ Delete
NAME RICKETSON, ROBERT M SR
STREET ADDRESS 8104 VALLEY STREAM LANE
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE ☐ Change ☒ Addition
NAME EDGAR MENCE
STREET ADDRESS 12418 Weatherstone Row
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE VSTD ☐ Delete
NAME ROTHMEIER, CHARLOTTE
STREET ADDRESS 7535 ANDREWS AVENUE
CITY-ST-ZIP HUDSON FL 34667

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

TITLE VD ☐ Delete
NAME WOODRING, WILLIAM
STREET ADDRESS 86 PARK LANE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE VTD ☐ Delete
NAME JASPER, HAROLD
STREET ADDRESS 6041 CHEERS DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE VD ☐ Delete
NAME COCHRAN, WILLIAM
STREET ADDRESS 108 HARBOR BLUFFS
CITY-ST-ZIP PORT RICHEY FL

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

TITLE D ☐ Delete
NAME MARTEN, MARVIN
STREET ADDRESS 1660 PINE VALLEY DRIVE
CITY-ST-ZIP FORT MEYERS FL 33919

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: *Robert M. Ricketson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Check enclosed, 61.25
March-24-2000 727-868-4405
Date Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90043 004 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

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

CR2E037 (9/99)