

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90290 001 \*\*\*\*61.25  
04-17-2002 90290 002 \*\*\*\*8.75

DOCUMENT # N24820

1. Entity Name  
EVANGELICAL OUTREACH MINISTRIES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
910 CHANNELSIDE DR.

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA FL

City & State

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
33602

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name EDGAR MENCE

Street Address (P.O. Box Number is Not Acceptable)  
12418 WEATHERSTONE ROW

BAYONET POINT FL

City BAYONET POINT

FL

Zip Code 34667

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 ROSITA MERTENS 10114 CHIMNEY HILL CT TAMPA FL 33615 4/6/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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  
PTD  
ROBERT M. RICKETSON SR.  
8104 VALLEY STREAM LANE  
BAYONET POINT FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSTD  
CHARLOTTE ROTHMEIER  
7535 ANDREWS AVE.  
HUNSON FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
LEANDRO L. CABANISAS JR.  
6311 PALM RIVER RD  
TAMPA FL 33619

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
HAROLD JASPER  
6041 CHEERS DR  
PORT RICHEY FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
WILLIAM COCHRAN  
108 HARBOR BLUFF S  
PORT RICHEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other duly empowered.

SIGNATURE: LEANDRO CABANISAS JR. 4/6/02 (813) 748-3331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)