

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25957

1. Entity Name

GLORY CHAPEL OUTREACH INC.

Principal Place of Business

GLORY CHAPEL OUTREACH
4732 NE 49TH BLVD
WILDWOOD FL 34785
US

Mailing Address

GLORY CHAPEL OUTREACH
4732 NE 49TH BLVD
WILDWOOD FL 34785
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

CHASSIE, DUANE
4738 NE 49TH BLVD.
WILDWOOD FL 34785

4. FEI Number

59-2884369

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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.

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
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete
NAME CHASSIE, DUANE REV.
STREET ADDRESS COUNTY RD. 181
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☐ Delete
NAME SHAW, GEORGE
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☐ Delete
NAME BUNN, GEORGE
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☒ Delete
NAME COLON, WILFREDO
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☐ Delete
NAME SHAW, JAMIE
STREET ADDRESS CR 181
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Dr. Marvin Cavannah ☐ Change ☒ Addition
NAME CR 181
STREET ADDRESS wildwood, FL 34785
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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 REQUIRED

8-21-01

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 045 ****70.00

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DO NOT WRITE IN THIS SPACE

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