

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37754

1. Entity Name

OPEN HAND OUTREACH MINISTRY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 448
MIMS FL 32754
US

P.O. BOX 448
MIMS FL 32754-0448
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3029893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIGLER, LUCY MAE
2777 ASH TERRACE
MIMS FL 32754

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 LUCY MAE SEIGLER
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

February 15, 2000

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	<input type="checkbox"/> Delete
NAME	SEIGLER, LUCY MAE	
STREET ADDRESS	2777 ASH TERR.	
CITY-ST-ZIP	MIMS FL	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	WARREN, JAMES	
STREET ADDRESS	125 W. TOWNE PLACE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, WILLIE, MAE	
STREET ADDRESS	2785 WEST HICKORY CIRCLE	
CITY-ST-ZIP	MIMS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JOANN E	
STREET ADDRESS	3579 RIDGEWAY AVE.	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, ANNIE O.	
STREET ADDRESS	2173 NIBLUCK CT.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, DELORES	
STREET ADDRESS	2833 EAST HICKORY	
CITY-ST-ZIP	MIMS FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 LUCY MAE SEIGLER - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)