

# 2002 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  
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

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

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Lucy Mae Seigler*

*April 4, 2002*

*1-321-267-2748*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0066874



DO NOT WRITE IN THIS SPACE