

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43862

1. Entity Name

JERICO OUTREACH MINISTRY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90093 010 ****61.25

Principal Place of Business

Mailing Address

ST. PAUL'S EPISCOPAL CHURCH
10 W KING ST
QUINCY FL 32351

P.O. BOX 1774
QUINCY FL 32353-1774

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

59-3069033

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

HALL, LAURIE
NEW PHILADELPHIA PRESBYTERIAN CHURCH
746 S ADAMS ST
QUINCY FL 32351

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 PD ☐ Delete
NAME FLETCHER, HOWARD
STREET ADDRESS FOREST DR. (PO BOX 899)
CITY-ST-ZIP QUINCY FL 32351

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

TITLE D ☐ Delete
NAME MARTIN, KENNETH
STREET ADDRESS 924 W. MYRTLE AVE.
CITY-ST-ZIP QUINCY FL 32351

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

TITLE SD ☐ Delete
NAME BLITCH, RAY
STREET ADDRESS 1107 N. MAGNOLIA DR.
CITY-ST-ZIP QUINCY FL 32351

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

TITLE TD ☐ Delete
NAME HALL, LAURIE V
STREET ADDRESS 776 S DUVAL ST
CITY-ST-ZIP QUINCY FL 32351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Laurie V Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00 850-627-1394
Date Daytime Phone #

CR2E037 (9/99)