

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43862

1. Entity Name

JERICO OUTREACH MINISTRY, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90012 007 ****61.25

Principal Place of Business
ST. PAUL'S EPISCOPAL CHURCH
10 W KING ST
QUINCY FL 32351

Mailing Address
P.O. BOX 1774
QUINCY FL 32353

80022844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3069033**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-------------------------|-----------------|---------------------------------|
| PD | FLETCHER, HOWARD | FOREST DR. (PO BOX 899) | QUINCY FL 32351 | <input type="checkbox"/> |
| D | MARTIN, KENNETH | 924 W. MYRTLE AVE. | QUINCY FL 32351 | <input type="checkbox"/> |
| SD | BLITCH, RAY | 1107 N. MAGNOLIA DR. | QUINCY FL 32351 | <input type="checkbox"/> |
| TD | HALL, LAURIE V | 776 S DUVAL ST | QUINCY FL 32351 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laurie Hall
Laurie Hall

1/20/02 (850) 627-1394

CR2E037 (9/01)