

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51066

1. Entity Name

CAMEROON OUTREACH MISSION INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90043 001 ****70.00

Principal Place of Business

205 E. 44TH STREET
JACKSONVILLE FL 32208

Mailing Address

CAMEROON OUTREACH MISSION USA. INC.
P.O. BOX 40944
JACKSONVILLE FL 32203-0944
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3138750

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, ELLIS E. JR.
7173 RIDGEGLEN CT.
JACKSONVILLE FL 32206

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

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	DP	<input type="checkbox"/> Delete
NAME	HENRY, LOUISE	
STREET ADDRESS	205 E. 44TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WADE, ARTHUR E REV	
STREET ADDRESS	838 TAMY COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, DR DEBRA	
STREET ADDRESS	2505 BARRY DRIVE S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOYD, CHARLENE	
STREET ADDRESS	8401 GRAMPPELL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILES, MARILYN B	
STREET ADDRESS	1481 W. UNION ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Louise Henry LOUISE HENRY

4-24-00 904-355-7781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25027 (0/00)