

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90164 019 *****70.00

DOCUMENT # N51066

1. Entity Name

CAMEROON OUTREACH MISSION INC.

Principal Place of Business

Mailing Address

205 E. 44TH STREET
JACKSONVILLE FL 32208

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3138750

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

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

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 DP ☐ Delete
NAME HENRY, LOUISE
STREET ADDRESS 205 E. 44TH ST.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD ☐ Delete
NAME WADE, ARTHUR E REV
STREET ADDRESS 838 TAMY COVE LN
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE DT ☒ Delete
NAME WILLIAMS, DR DEBRA
STREET ADDRESS 2505 BARRY DRIVE S
CITY-ST-ZIP JACKSONVILLE FL

TITLE DT ☐ Change ☒ Addition
NAME ROSE M. WILLIAMS
STREET ADDRESS 12692 SAMPSON RD.
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE DS ☐ Delete
NAME BOYD, CHARLENE
STREET ADDRESS 8401 GRAMPELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DS ☐ Delete
NAME MILES, MARILYN B
STREET ADDRESS 1481 W. UNION ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

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:

LOUISE HENRY

LOUISE HENRY. 4-23-02 904-355-7781

Date

Daytime Phone #

CRZE037 (9/01)