

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51370

1. Entity Name

FRIENDS OUTREACH, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90083 022 ****61.25

Principal Place of Business

Mailing Address

8312 GANN ROAD
SODDY DAISY TN 37379
US

P.O. BOX 1323
SODDY DAISY TN 37384-1323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0439203

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

MORRIS, MYRTLE P
15141 BRIAR RIDGE CIRCLE
FT MYERS FL 33912

Name Kenneth R. Dow

Street Address (P.O. Box Number is Not Acceptable)
12280 Lamontier Rd

City Punta Gorda

FL

Zip Code 33955

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

Kenneth R. Dow - KENNETH R. DOW

2-25-00

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 ☐ Delete
NAME PDD
STREET ADDRESS BAILEY, CARL F.
CITY-ST-ZIP 8312 GANN ROAD
SODDY DAISY TN 37379

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

TITLE ☐ Delete
NAME DSTD
STREET ADDRESS BAILEY, LAVENIA C
CITY-ST-ZIP 8312 GANN ROAD
SODDY DAISY TN 37379

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

TITLE ☐ Delete
NAME DVPD
STREET ADDRESS SWAGGERTY, HAROLD
CITY-ST-ZIP 623 N SHERRY DR
ROSSVILLE GA 30741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

RECORDED BAILEY, Pres

3-4-00 423 847 0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)