

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005719

1. Entity Name

OUTREACH MINISTRIES PENSACOLA, FLORIDA, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90165 006 \*\*\*\*61.25

801345



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<del>5828 TWIN OAKS DR.</del> 3852 Lane Road PACE FL 32571	P.O. BOX 15143 PENSACOLA FL 32514-0143

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	59-1854157	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEADEN, GLENNIS  
~~5828 TWIN OAKS DR.~~ 3852 Lane Road  
PACE FL 32571

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEADEN, GLENNIS	
STREET ADDRESS	<del>5828 TWIN OAKS DR.</del> 3852 Lane Road	
CITY-ST-ZIP	PACE FL 32571	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEGRAVES, LINDA	
STREET ADDRESS	5812 TWIN OAKS DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEADEN, ADDISON	
STREET ADDRESS	<del>5828 TWIN OAK DR.</del> 3852 Lane Road	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEADEN, DOY	
STREET ADDRESS	<del>145 TRIC RD.</del> 3852 Lane Road	
CITY-ST-ZIP	MILTON FL 32571 Pace FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEADEN, KEENAN	
STREET ADDRESS	4825 ANNA SIMPSON RD.	
CITY-ST-ZIP	MILTON FL 32583	
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	Peaden Glennis	
STREET ADDRESS	3852 Lane Road	
CITY-ST-ZIP	Pace, FL 32571	
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	Peaden Addison	
STREET ADDRESS	3852 Lane Road	
CITY-ST-ZIP	Pace FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peaden Doy	
STREET ADDRESS	3852 Lane Road	
CITY-ST-ZIP	Pace FL 32571	
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: Glenn Peaden REQUIRED Jan. 10/2000 850-994-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)