

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000541

1. Entity Name

OUTREACH DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

%JOSEPHINE BARRINE  
2591 CRAWFORD DR.  
SANFORD FL 32771

%JOSEPHINE BARRINE  
2591 CRAWFORD DR.  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

OUTREACH DELIVERANCE CENTER OUTREACH DELIVERANCE CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2231 SIFES AVE

2591 CRAWFORD DR.

City & State

City & State

SANFORD, FLA

SANFORD, FLA

Zip

Country

Zip

Country

32771

SEMINOLE

32771

SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRINER, JOSEPHINE  
2591 CRAWFORD DR.  
SANFORD FL 32771

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 PD  
NAME BARRINER, JOSEPHINE ☐ Delete  
STREET ADDRESS 2591 CRAWFORD DR.  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE VD  
NAME MARY D. BUCKNER ☐ Delete  
STREET ADDRESS 2591 CRAWFORD DR.  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D  
NAME PEARSON, LINDA ☐ Delete  
STREET ADDRESS 2591 CRAWFORD DR.  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JOSEPHINE BARRINER JOSEPHINE BARRINER 1-8-02 407-321-0606

FILED  
Jan 17, 2002 8:00 am  
Secretary of State

01-17-2002 90040 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3061629 ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/01)