

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/11/2003-90284-003-\$8.75-\$8.75

UBR3700

DOCUMENT # **N020000002609**

1. Entity Name  
**COMMUNITY OUTREACH Word of Deliverance Ministries Inc.**  
**N94000002609**



03 OCT 29 PM 4:46

Principal Place of Business  
**1504 33RD AVE E**  
**BRADENTON FL 34208**

Mailing Address  
**7th Ave E. 1504 33RD AVE E 502 5th Ave Dr. E.**  
**BRADENTON FL 34208**

2. Principal Place of Business  
**1535**  
Suite, Apt. #, etc.

3. Mailing Address  
**502 5th Ave Dr. E.**  
Suite, Apt. #, etc.

City & State  
**Bradenton Fl. 34208**

City & State  
**Bradenton Fl. 34208**

Zip  
**34208**

Country  
**Manatee**

Zip  
**34208**

Country  
**Manatee**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCDONALD, DEXTER N**  
**758 GATES CREEK RD**  
**BRADENTON FL 34202**

7. Name and Address of New Registered Agent  
Name  
**Dexter N. McDonald**  
Street Address (P.O. Box Number is Not Acceptable)  
**758 Gates Creek Rd**  
City  
**Bradenton** FL Zip Code  
**34208**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE  
**08-03-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dexter N. McDonald</b> <b>758 Gates Creek Rd</b> <b>Bradenton Fl. 34208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Rosana Butler</b> <b>2605 1 Ave E</b> <b>Palm Harbor Fl. 34221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Conley Witter</b> <b>4912 24th Ave E</b> <b>Bradenton Fl. 34208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Dexter N. McDonald**  
Signature and typed or printed name of signing officer or director

DATE: **08-03-03**  
Date

DAYTIME PHONE: **(941) 747-5847**  
Daytime Phone #

CR2037 (10/02)