

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002787

1. Entity Name

THE REVELATION OF JESUS CHRIST FAITH OUTREACH MI

Principal Place of Business

2736 WOODSTOCK AVE.
EATON PARK FL 33840

Mailing Address

P.O. BOX 7
EATON PARK FL 33840-0007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, CATHERINE T
2736 WOODSTOCK AVE.
EATON PARK FL 33840

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

TITLE D ☐ Delete
NAME BYRD, CATHERINE T
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE D ☐ Delete
NAME BYRD, JOSEPH R
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE DT ☐ Delete
NAME MATTOX, MARCUS
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE D ☐ Delete
NAME MATTOX, EVA
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE DS ☐ Delete
NAME LYONS, RUBY
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90062 007 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)