

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004785

1. Entity Name

TED SIMMONS' WORLD OUTREACH FIELD MINISTRIES, IN

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90044 044 \*\*\*\*70.00

Principal Place of Business  
2480 QUEBEC AVE S  
ST PETERSBURG FL 33712

Mailing Address  
2480 QUEBEC AVE S  
ST PETERSBURG FL 33712-2631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3353434**  
Applied For  
Not Applicable

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

SIMMONS, BRENDA J  
2480 QUEBEC AVE S  
ST PETERSBURG FL 33712

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	DP	<input type="checkbox"/> Delete
NAME	SIMMONS, TED E	
STREET ADDRESS	2480 QUEBEC AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SIMMONS, BRENDA J	
STREET ADDRESS	2480 QUEBEC AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ANDERSON, BESSIE	
STREET ADDRESS	1650 62 AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ted Simmons 04-25-00 - (727) 322-9754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)