

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90041 009 ****61.25

DOCUMENT # **N96000002341**

1. Entity Name **IN JESUS' NAME WORLD OUTREACH, INC.**

Principal Place of Business Mailing Address

3540 W. HILLSBORO BLVD.
#107
COCONUT CREEK, FL 33073

2. Principal Place of Business

3. Mailing Address

P.O. Box 4162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD
Deerfield Beach, FL.

Zip

Country

33442

USA

4. FEI Number

65-0670073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT R. AUSTIN
100 NE THIRD AVE
SUITE 1100
FT. LAUDERDALE, FL. 33301

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

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

FEES IS \$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS	<input checked="" type="checkbox"/> Delete
NAME JOSHUA PRASAD	
STREET ADDRESS 1405 NW 91ST AVE, #1431	
CITY-ST-ZIP CORAL SPRINGS, FL. 33071	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE OP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERT MISHANIE	
STREET ADDRESS 3540 W. HILLSBORO BLVD. #107	
CITY-ST-ZIP COCONUT CREEK, FL. 33073	
TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAD A NELSON	
STREET ADDRESS 9220 NW 1ST ST.	
CITY-ST-ZIP PEMBROKE PINES, FL. 33024	
TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICK VIAPREE	
STREET ADDRESS 9798 MAJORCA PL.	
CITY-ST-ZIP BOCA RATON, FL. 33434	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRANK PINA	
STREET ADDRESS 18917 CLOUD LAKE CIRCLE	
CITY-ST-ZIP BOCA RATON, FL. 33496	
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	
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: **Robert Mishanie** **ROBERT MISHANIE** **4-17-00** **954-225-9985**

CR2E037 (9/99)