

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0090331

DOCUMENT # N96000002479

05-01-2001 90060 029 *****61.25

1. Entity Name

THE EVANGELIST REVIVAL OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

**25 PERRY STREET
 FORT WALTON BEACH FL 32548**

**25 PERRY STREET
 FORT WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426180

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREEN, WILLIE L
 21 WINDHAM AVENUE
 FORT WALTON BEACH FL 32548**

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 Delete
 NAME GREEN, WILLIE L
 STREET ADDRESS 21 WINDHAM AVENUE
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Vice President Change Addition
 NAME Tyrone Adams
 STREET ADDRESS 222 Coral Drive
 CITY-ST-ZIP Fort Walton Beach Fl. 32548

TITLE D Delete
 NAME ROBINSON, FLIERY
 STREET ADDRESS 411 ELAINE STREET
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Secretary Change Addition
 NAME Willie King
 STREET ADDRESS 311 Elaine Avenue
 CITY-ST-ZIP Fort Walton Beach Fl. 32548

TITLE SD Delete
 NAME GREEN, DEBORAH J
 STREET ADDRESS 21 WINDHAM AVENUE
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Treasury Change Addition
 NAME Annie Watson
 STREET ADDRESS 14 Crison Drive
 CITY-ST-ZIP Fort Walton Beach FL 32548

TITLE TD Delete
 NAME WILLIAMS, MARGARET
 STREET ADDRESS 117 ED BROWN STREET
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Change Addition

TITLE TD Delete
 NAME ADAMS, TYRONE M
 STREET ADDRESS 523 UNION ST. LOT #6A
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Change Addition

TITLE V Delete
 NAME ROBINSON, FLIERY SR
 STREET ADDRESS 411 ELAINE STREET
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE