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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002641 (6)

1. Corporation Name

THEE UNLIMITED OUTREACH, MINISTRIES, AND APOCALY
PSE CHURCH, INC.



Principal Place of Business

Mailing Address

3150 PEMBROKE ROAD
BAY #233
HALLANDALE FL 33009

P.O. BOX 4816
HOLLYWOOD FL 33063-4816

3. Date Incorporated or Qualified
05/16/1996

3a. Date of Last Report
NOT APPLICABLE

2. Principal Place of Business
21 3120 PEMBROKE ROAD

2a. Mailing Address

4. FEI Number
65-0674447

Applied For
Not Applicable

22 Suite, Apt. #, etc.
TAY #233 and #234

26 Suite, Apt. #, etc.

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

23 City & State
HALLANDALE, FL

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33009

Country
USA

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIRSTON, DIANNE M
3150 PEMBROKE ROAD
BAY #233
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3120 PEMBROKE ROAD

83 TAYS #233 and #234

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dianne M. Hairston S/D

DIANNE M. HAIRSTON S/D

April 30, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME DUNN, VICTOR REV.
STREET ADDRESS 3120 PEMBROKE ROAD BAYS #233 & #234
CITY-ST-ZIP HALLANDALE, FL 33009

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P/D ☐ DELETE
NAME HAIRSTON, DIANNE M
STREET ADDRESS 3120 PEMBROKE ROAD BAYS #233 & #234
CITY-ST-ZIP HALLANDALE, FL 33009

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S/D ☐ DELETE
NAME HAIRSTON, DIANNE M
STREET ADDRESS 3120 PEMBROKE ROAD BAYS #233 & #234
CITY-ST-ZIP HALLANDALE, FL 33009

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Victor Dunn P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. VICTOR DUNN P/D

4-30-97 954-986-1864
Date Daytime Phone # 0028321

CR2E037 (9/96)