

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90176 017 ****61.25

DOCUMENT # N96000006110

1. Entity Name

EVANGELISM OUTREACH MINISTRIES, INC.

Principal Place of Business

**9445 NW 17 AVE.
 MIAMI FL 33147**

Mailing Address

**P.O. BOX 681983
 MIAMI FL 33168**

2. Principal Place of Business

14722 N.W. 7 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0717153

Applied For

Not Applicable

Zip

Country

Zip

Country

33168

DADE

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

6. Name and Address of Current Registered Agent

**NUNNALLY, AMOS LEE
 9206 NW 8 AVENUE
 MIAMI FL 33150**

7. Name and Address of New Registered Agent

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 NAME ☐ Delete
DP NUNNALLY, AMOS L PASTOR
 STREET ADDRESS **9206 NW 8 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE NAME ☐ Delete
DE NUNNALLY, JAQUELINE MRS
 STREET ADDRESS **9206 NW 8 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE NAME ☐ Delete
DS JOHNSON, SHARON MRS
 STREET ADDRESS **20015 N.W. 35TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Amos L. Nunnally
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 (305) 691-0287

CR2E037 (10/00)