

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006623

1. Entity Name

DEER FIELD OUTREACH MINISTRIES, INC.

Principal Place of Business

480 LAWRENCE ROAD  
DELRAY BEACH FL 33445

Mailing Address

480 LAWRENCE ROAD  
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0696933

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

HICKMON, NATHANIEL  
480 LAWRENCE ROAD  
DELRAY BEACH FL 33445

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  
NAME HICKMON, NATHANIEL  
STREET ADDRESS 480 LAWRENCE ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME HICKMON, EVA  
STREET ADDRESS 480 LAWRENCE ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME HICKMON, ERICKA  
STREET ADDRESS 480 LAWRENCE ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

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☐ Change

☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

NATHANIEL HICKMON

5/11/2001 (562761735)

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90381 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)