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## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # N9700000772 1. Entity Name

Principal Place of Business

WILLIAMS OUTREACH, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90807 016 \*\*\*\*70.00

1131 FL AVE CLEWISTON FL 33440		1131 FL AVE CLEWISTON FL 33440				1				
Principal Place of Business     3. Mailing Ad				a Address				] <b>[5</b> ]]}   <b>][5</b> ]]	<b>11</b> 11 (111 (111)	
2. Throipar race of Business			g Address				FIII ( <b>51</b> 1) <b>51</b> 1) <b>51</b> 1) <b>51</b> 1) <b>51</b> 1) <b>61</b> 1) <b>61</b>			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State				4. FEI Number 65-0726687 Applied For Not Applicable				
Zip	Country		Zip Cou		intry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
·	6. Name and Address of Current	Registered	ed Agent			7. Name and Address of New Registered Agent				
					Name					
WILLAMS	ELGENETTE				Street Addre	ess (P.O. Box Number is	Not Acceptable)			
1131 FL /									<u>.                                    </u>	
CLEWIST	ON FL 33440		·							
	. "> -				City		FL	Zip Cod	de	
8. The above	e named entity submits this statement for	or the ournes	e of changing its	register	nd office or resi	istored agent or both in		<del></del>		
.,	, =====================================	i ilio parpoo	o or onanging its	registere	a onice or regi	istered agent, or both, in	trie state of Florida.			
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SIGNATURE										
· 	organico, good di princo name di registareo again	and the mappings	ine. (NOTE	: Hegistered	Agent signature req	quired 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 Departmen			
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	J 10	
TITLE	PD	☐ Delete	TITLE		1.001107070711110		☐ Change	Addition		
NAME	WILLIAMS, ELGENETTE			NAME					L / IGOI.IOII	
STREET ADDRESS	1131 FL AVE				T ADDRESS					
CITY-ST-ZIP	CLEWISTON FL 33440			CITY-	ST-ZIP	**				
TITLE	SD STREET, WINNE		Delete	TITLE	I			☐ Change	☐ Addition	
NAME STREET ADDRESS	EVERETTE, WINNIE			NAME					1	
CITY-ST-ZIP	1131 FL AVE				T ADDRESS ST-ZIP					
TITLE	CLEWISTON FL 33440 VP			4	31-ZIF			_		
NAME	WILLILAMS, BENNIE		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	1131 FL AVE	C	· April and	4	T ADDRESS				1	
CITY-ST-ZIP	CLEWISTON FL 33440				ST-ZIP		et et	. =-		
TITLE	TD	*	☐ Delete	TITLE			·	Change	☐ Addition	
NAME	BROWN, PRISCILLA			NAME			!	onlyings	(	
STREET ADDRESS	PO BOX 684/706 DELLA TOBIAS				T ADDRESS					
CITY-ST-ZIP	CLEWISTON FL 33440			CITY-	ST-ZIP					
TITLE	•		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			•	NAME					ļ	
CITY-ST-ZIP					ADDRESS					
				CITY-:	51-ZIP					
TITLE NAME			☐ Delete	TITLE	İ		٠ ٔ ا	☐ Change	☐ Addition	
STREET ADDRESS	•			NAME	ADDRESS				J	
CITY-ST-ZIP					ADURESS				1	

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: