

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000881**

1. Entity Name

CHRISTIAN FAITH OUTREACH COMMUNITY DEVELOPMENT C

Principal Place of Business

**1257 NW 31ST AVE
FT. LAUDERDALE FL 33311
US**

Mailing Address

**3270 N.W. 13TH STREET
FT. LAUDERDALE FL 33311**

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

31-1517775

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHINGTON, WYLEAN
3270 N.W. 13TH STREET
FT. LAUDERDALE FL 33311**

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	PD	<input type="checkbox"/> Delete
NAME	WASHINGTON, WYLEAN	
STREET ADDRESS	3270 NW 13TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, JOHNNY	
STREET ADDRESS	3270 NW 13TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WASHINGTON, JOHNNY JR	
STREET ADDRESS	813 NW 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Wylean Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3-22-2001 (954) 587-7071
Date Daytime Phone #**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90094 001 ***122.50

65882

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)