

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90083 037 ****61.25

0029162

DOCUMENT # N97000000883

1. Entity Name

CHRISTIAN FAITH OUTREACH MINISTRIES, INC.

Principal Place of Business

~~1257 NW 1ST AVE~~ **3270 NW 13 ST**
FT. LAUDERDALE FL 33311
US

Mailing Address

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

2. Principal Place of Business

3270 NW 13 St
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

Same

4. FEI Number

31-1517775

Applied For

Not Applicable

333 11

Broward

Zip

Same

Country

Same

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** ☐ Delete
NAME **WASHINGTON, WYLEAN**
STREET ADDRESS **3270 NW 13TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **WASHINGTON, JOHNNY**
STREET ADDRESS **3270 NW 13TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **PD** ☐ Delete
NAME **WASHINGTON, JOHNNY JR**
STREET ADDRESS **813 NW 4TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WASHINGTON, WYLEAN

March 23 2002

(954) 587-7071

CR2E037 (9/01)