

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90186 048 \*\*\*\*61.25

**DOCUMENT # N97000000933**  
 1. Entity Name  
**C.E. GLOVER OUTREACH MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
**9061 N.W. 11TH COURT**      **9061 N.W. 11TH COURT**  
**PLANTATION FL 33322**      **PLANTATION FL 33322-4910**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**5166 Waters Edge Way**      **5166 Waters Edge Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**Cooper City, FL**      **Cooper City, FL**  
 Zip      Country      Zip      Country  
**33330**           **33330**           **33330**           **33330**

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLOVER, C E**  
**9061 N.W. 11TH COURT**      **5166 Waters Edge Way**  
**PLANTATION FL 33322**      **Cooper City, FL 33330**

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 *Jacki Giles*  
 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 STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GLOVER, C E</b> <b>9061 N.W. 11TH COURT</b> <b>PLANTATION FL 33322</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GILES, JACKI</b> <b>504 N.W. 20TH AVE</b> <b>FT LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GLOVER, BEULAH R</b> <b>9061 N.W. 11TH COURT</b> <b>PLANTATION FL 33322</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5166 Waters Edge Way</b> <b>Cooper City, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5166 Waters Edge Way</b> <b>Cooper City, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacki Giles*      **REQUIRE**      **Jacki Giles**      **04/26/00**      **954-763-5644**  
 Signature, typed or printed name of signing officer or director      Date      Daytime Phone #