

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90291 036 ****61.25

DOCUMENT # N97000002279

1. Entity Name

FAITH CONNECTION OUTREACH, INC.

Principal Place of Business

**1445 W BUSCH BLVD
TAMPA FL 33612
US**

Mailing Address

**P.O. BOX 270435
TAMPA FL 33688-0435
US**

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

59-3444282

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

**COHEN, ROBERT
2918 BUSH CAKE BLVD
TAMPA FL 33614**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
WARE-SWEPSON, LEE
P.O. BOX 270435
TAMPA FL 33688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cindy Desmond
13711 Country Court Drive
Tampa, FL 33624** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORDE, ROBERT
6411 N. 40TH STREET
TAMPA FL 33610** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sadibou Toure
8807 Rustic Trail Court
Tampa, FL 33635** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PITTMAN, BARBARA ESQ.
5466 FRIARS WAY
TAMPA FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cathy O'Marc
P.O. Box 66378
St. Petersburg Beach, FL 33736** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLORAN, SCOTT
3613 CYPRESS MEADOW RD.
TAMPA FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Linda Small
2130 W. Paris St.
Tampa, FL 33604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

Date

813-933-2127

Daytime Phone #

CR2E037 (10/00)