

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002279

1. Entity Name

FAITH CONNECTION OUTREACH, INC.

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90253 005 \*\*\*\*\*61.25

0079701

Principal Place of Business	Mailing Address
1445 W BUSCH BLVD TAMPA FL 33612 US	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



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3444282	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, ROBERT 2918 BUSH CAKE BLVD TAMPA FL 33614

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	DPT
NAME	WARE-OWERSON, LEE
STREET ADDRESS	P.O. BOX 270435
CITY-ST-ZIP	TAMPA FL 33688
TITLE	D
NAME	DESMOND, CINDY
STREET ADDRESS	13711 COUNTRY COURT DRIVE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	PITTMAN, BARBARA ESQ.
STREET ADDRESS	5400 FRIARS WAY
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	SADIBOU, TOURE
STREET ADDRESS	8807 RUSTIC TRAIL COURT
CITY-ST-ZIP	TAMPA FL 33635
TITLE	D
NAME	O'MARCA, CATHY
STREET ADDRESS	PO BOX 66378
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33736
TITLE	D
NAME	SMALL, LINDA
STREET ADDRESS	2130 W. PARIS ST.
CITY-ST-ZIP	TAMPA FL 33604

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPT
NAME	WARE, LEE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	Pittman, Barbara, Esq.
STREET ADDRESS	10014 N. Dale Mabry Hwy Ste 101
CITY-ST-ZIP	Tampa, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

SIGNATURE REQUIRED LEE E. WARE

Date

Daytime Phone #

CR2E037 (9/01)