## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2000 8:00 am Secretary of State DOCUMENT # N97000002668 03-16-2000 90070 040 \*\*\*\*61.25 SEAY'S EVANGELISTIC OUTREACH CENTER INC. Principal Place of Business Mailing Address 218 FAWN LANE DRIVE 218 FAWN LANE DRIVE DAVENPORT FL 33837 **DAVENPORT FL 33837-8730** $8\,2\,2\,9\,1\,1$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1554564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) SEAY, JOHNNIE B. 218 FAWN LANE DRIVE DAVENPORT FL 33837 City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME SEAY, JOHNNIE B NAME STREET ADDRESS STREET ADDRESS 218 FAWN LANE DRIVE CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33837 Delete Addition TITI E Change Ch NAME **GRIGGS, JOHNNIE** NAME LITTLE, GAIL STREET ADDRESS STREET ADDRESS 375 BILL FRANCE BLVD PO BOX 684 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 DUNDEE, FL 33838 ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME GIDDENS, JIMMIE NAME STREET ADDRESS 1570 WEST PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 TITLE ☐ Delete Change ☐ Addition TITLE JACKSON, VALENGINA NAME NAME STREET ADDRESS STREET ADDRESS 218 FAWN LANE CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete ☐ Change TITLE TITLE ☐ Addition GIDDENS, ROSE NAME NAME STREET ADDRESS STREET ADDRESS 1570 W PARKWAY CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 455 DOVE DRIVE POINTIANA CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

KISSIMMEE FL 34759

**FILED** 

ext.