

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002668

1. Entity Name

SEAY'S EVANGELISTIC OUTREACH CENTER INC.

Principal Place of Business

218 FAWN LANE DRIVE
DAVENPORT FL 33837

Mailing Address

218 FAWN LANE DRIVE
DAVENPORT FL 33837

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SEAY, JOHNNIE B
218 FAWN LANE DRIVE
DAVENPORT FL 33837

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	D	<input type="checkbox"/> Delete
NAME	SEAY, JOHNNIE B	
STREET ADDRESS	218 FAWN LANE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, GAIL	
STREET ADDRESS	PO BOX 684	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, LUVERNE	
STREET ADDRESS	1308 SUNSET BLD	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, VALENGINA	
STREET ADDRESS	218 FAWN LANE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKEY, GLORETHA	
STREET ADDRESS	335 LAKE DAISEY LOOP	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAY, VALENGINA	
STREET ADDRESS	218 FAWN LANE	
CITY-ST-ZIP	DAVENPORT FL 33836	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

2/18/02

Daytime Phone #

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90038 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)