

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003378

1. Entity Name

I'M REDEEMED OUTREACH CHRISTIAN CENTER, INC.

Principal Place of Business

6466 BAMBOO AVENUE
COCOA FL 32927
US

Mailing Address

6446 BAMBOO AVENUE
COCOA FL 32927
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

59-3451724

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

FADLEY, PASTOR ANTHONY
2609 N CLEARLAKE ROAD
COCOA FL 32922

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 P ☐ Delete
NAME SMITH, SYLVIA Y
STREET ADDRESS 6446 BAMBOO AVENUE
CITY-ST-ZIP PORT ST JOHN FL 32927

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

TITLE S ☐ Delete
NAME GANTT, GLENNY
STREET ADDRESS 6477 AILES AVE
CITY-ST-ZIP PORT ST JOHN FL 32927

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

TITLE T ☐ Delete
NAME GODWIN, RAY
STREET ADDRESS 6707 MANGROVE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

TITLE T ☐ Delete
NAME HALL, MELVINA
STREET ADDRESS 1198 THREE MEADOWS
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE T ☐ Delete
NAME BRENEMAN, MARGARET
STREET ADDRESS 9-F CAPE SHORE DR S
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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

TITLE T ☐ Delete
NAME KRAMER, NANCY
STREET ADDRESS 12 SLOOP DR
CITY-ST-ZIP COCOA BCH FL 32931

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 321-639-0879
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)