

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000003677**

1. Entity Name

WE WALK BY FAITH OUTREACH, INC.

Principal Place of Business

**3045 WILLARD ST.
FT. MYERS FL 33916**

Mailing Address

**3045 WILLARD ST.
FT. MYERS FL 33916-5450**

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

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MONROE, MILDRED
3045 WILLARD ST.
FT. MYERS FL 33916**

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	D	<input type="checkbox"/> Delete
NAME	BELL, DORIS V	
STREET ADDRESS	3526 PATRICK AVE.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTER, MARGIE	
STREET ADDRESS	21 KINGSMAN CIR.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, ALBERTA	
STREET ADDRESS	2266 FOUNTAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIELY, WALTER	
STREET ADDRESS	3020 ROYAL PALM AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, MARY	
STREET ADDRESS	317 ECONOMY ST.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, SARAH	
STREET ADDRESS	695 KENT AVE. N.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

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:

Mildred Monroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-00 334-3283
Date Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90026 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)