

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **M-97000003831**

1. Entry Name

NEVUS OUTREACH, INC.



03 NOV 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 S. MADISON BLVD.

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

BARTLESVILLE, OK

City & State

4. FEI Number

59-3455128

Applied For

Not Applicable

Zip

74006

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

S

Mr, Geoffrey Pletcher

4 West Point Drive

C

Cocoa Beach, FL 32931

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Geoffrey Pletcher

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

000024867930

11/20/03--01006--004 **\$1.25

11/14/03

FEE IS \$81.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SEE ATTACHED LIST			
TITLE <td>NAME<td>STREET ADDRESS<td>CITY-ST-ZIP</td></td></td>	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elsa M. Seibert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

24-hour Phone n

CR2E037B (12/02)

Nevus Outreach Board of Directors

May 6, 2003

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