

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003865

1. Entity Name

REACHOUT MINISTRIES OF FAITH INC.

Principal Place of Business

514 E MAIN ST
LEESBURG FL 34748
US

Mailing Address

P.O. BOX 491532
LEESBURG FL 34749
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOLLOWAY JAMISON, SHIRLEY
1118 NORTH BLVD. EAST
LEESBURG FL 34748

4. FEI Number

65-0310100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

After September 12, 2001, min. will be \$236.25

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 ☐ Delete
NAME HOLLOWAY JAMISON, SHIRLEY
STREET ADDRESS 1118 NORTH BLVD. EAST
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete
NAME SMITH, MARJORIE H
STREET ADDRESS 1118 NORTH BLVD. EAST
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete
NAME PETERKINS, ANNETTE M
STREET ADDRESS 1118 NORTH BLVD. EAST
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete
NAME HONER, FRANCHETTA
STREET ADDRESS 1118 NORTH BLVD. EAST
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete
NAME HOWARD, CHAUNA C
STREET ADDRESS 1118 NORTH BLVD. EAST
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90013 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)