

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90057 033 ****61.25

DOCUMENT # N97000003914

1. Corporation Name

UNITED CHRISTIAN FELLOWSHIP OUTREACH, INC.

Principal Place of Business

4801 NW 183RD ST
MIAMI FL 33056
US

Mailing Address

4801 NW 183RD ST
MIAMI FL 33056
US



2. Principal Place of Business

21 4739 N.W. 183rd St.

Suite, Apt. #, etc.

22

23 OPALOCKA, FL.

24 33055 25 U.S.A.

2a. Mailing Address

26 20001 N.W. 14th Ave.

Suite, Apt. #, etc.

27

28 MIAMI, FL.

29 33169 30 U.S.A.

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0768300

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOOKE, STEVE R SR.
20001 NW 14TH AVE.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DOWNS, ERVIN BROTHER

STREET ADDRESS 4801 NW 183RD ST.

CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ DELETE

NAME QUINN, GLENN

STREET ADDRESS 4801 NW 183RD ST.

CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ DELETE

NAME DOWNS, KARLA

STREET ADDRESS 4801 NW 183RD ST.

CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME HODGSON, ALLEN

1.3 STREET ADDRESS 4739 N.W. 183rd street

1.4 CITY-ST-ZIP OPALOCKA, FL. 33055

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME QUINN, GLENN

2.3 STREET ADDRESS 4739 N.W. 183rd street

2.4 CITY-ST-ZIP OPALOCKA, FL. 33055

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME DOWNS, KARLA

3.3 STREET ADDRESS 4739 N.W. 183rd street

3.4 CITY-ST-ZIP OPALOCKA, FL. 33055

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME MURRAY, TOMAS

4.3 STREET ADDRESS 4739 N.W. 183rd street

4.4 CITY-ST-ZIP OPALOCKA, FL. 33055

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME HOOKE, STEVE R SR.

5.3 STREET ADDRESS 20001 N.W. 14th Ave.

5.4 CITY-ST-ZIP MIAMI FL. 33169

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: STEVE R. HOOKE, SR. APR 4/17/99 205-913-4965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0025570

CR2E037 (1/98)