

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90242 029 ****61.25

DOCUMENT # N97 000005765

1. Entity Name

GOSPEL OUTREACH OF SPRING HILL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4560 Commercial Way

Suite, Apt. #, etc.
Spring Hill, FL.

City & State

3. Mailing Address

4560 Commercial Way

Suite, Apt. #, etc.
Spring Hill, FL

City & State

Zip

34606

Country

USA

Zip

34606

Country

USA

4. FEI Number

59-3468347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Raymond Franchi

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

4424 AZORA Rd.

City Spring Hill

FL

Zip Code

34608

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

Darlene Franchi Darlene Franchi - Vice President Director

4-24-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Raymond Franchi, Sr.	4424 Azora Rd.	Spring Hill, FL 34608
VPD	Darlene Franchi	4424 Azora Rd.	Spring Hill, FL 34608
TD	Joseph Arena	6077 Sandra Dr.	Spring Hill, FL 34607
VTD	Elaine Arena	6077 Sandra Dr.	Spring Hill, FL 34607
SD	Nancy Johnson	4431 Landover Blvd.	Spring Hill, FL 34609

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
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: Darlene Franchi Darlene Franchi - Vice President 4-24-02 352-686-8222