

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005808

1. Entity Name

CRUSADE FOR LIFE OUTREACH MINISTRY INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90183 024 ****61.25

Principal Place of Business

4619 34TH ST W
BRADENTON FL 34210
US

Mailing Address

P.O. BOX 10456
ST. PETERSBURG FL 33733-0456
US

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

WALKER, DEITRA
4511 67TH ST. WEST, APT. A
BRADENTON FL 34210

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

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 ☒ Delete
NAME D
STREET ADDRESS RILEY, CONSTANCE
CITY-ST-ZIP 4511 21ST AVE S
ST PETERSBURG FL 33711

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Danna, Ross
CITY-ST-ZIP 4619 34th ST WEST
BRADENTON, FL 34210

TITLE ☒ Delete
NAME D
STREET ADDRESS SMALLS, CASANDRA
CITY-ST-ZIP 4511 21ST AVE S
ST PETERSBURG FL 33711

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS shunk Wilburd
CITY-ST-ZIP 4619 34th ST WEST
BRADENTON, FL 34210

TITLE ☐ Delete
NAME D
STREET ADDRESS WALKER, DEITRA
CITY-ST-ZIP 4511 67TH STREET WEST #A
BRADENTON FL 34210

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Deitra M. Walker
CITY-ST-ZIP 4619 34th ST. WEST
BRADENTON, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deitra M. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 (941) 758-3670

CR2E037 (9/99)