

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006466

1. Entity Name

GRACE AND TRUTH OUTREACH MINISTRIES, INC.

Principal Place of Business

13720 NW 22 AVE.
OPA LOCKA FL 33054

Mailing Address

13720 NW 22 AVE.
OPA LOCKA FL 33054

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

JOHNSON, RONALD
1220 PERI STREET
OPA-LOCKA FL 33054

4. FEI Number

65-0796198

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

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 PD
NAME JOHNSON, RONALD ☐ Delete
STREET ADDRESS 13720 NW 22 AVE.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE DT
NAME ORR, RUTHA M ☒ Delete
STREET ADDRESS 1551 NE 161 ST.
CITY-ST-ZIP MIAMI FL 33162

TITLE S
NAME JOHNSON, POLLY A ☐ Delete
STREET ADDRESS 13720 NW 22 AVE.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE DT
NAME FOWLER, MARY ☒ Delete
STREET ADDRESS 3631 OAK AVE.
CITY-ST-ZIP MIAMI FL 33133

TITLE S
NAME BYARS, LINDA ☐ Delete
STREET ADDRESS 8102 NW 23 AVE.
CITY-ST-ZIP MIAMI FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer ☐ Change ☒ Addition
NAME Kevin Long
STREET ADDRESS 1219 NW 68 Terr.
CITY-ST-ZIP Miami FL 33147

TITLE Treasurer ☐ Change ☒ Addition
NAME Cynthia Jackson
STREET ADDRESS 4460 NW 178th street
CITY-ST-ZIP Miami FL 33055

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

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

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

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

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: *Ronald Johnson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-01 (305) 995-1138

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90376 038 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)