

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90208 025 ****61.25

DOCUMENT # N97000006499

1. Entity Name

COMMUNITY OUTREACH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

2713 18TH AVENUE E. 2711-18th Ave.
 TAMPA FL 33605

Mailing Address

2713 18TH AVENUE E. 2711-18th Avenue
 TAMPA FL 33605

2. Principal Place of Business

2711-18th Avenue
 Suite, Apt. #, etc. N/A

3. Mailing Address

2711-18th Avenue
 Suite, Apt. #, etc. N/A

City & State

Tampa Florida

City & State

Tampa Florida

Zip 33605 Country Hillsborough

Zip 33605 Country Hillsborough

4. FEI Number

59-3478863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 CAMPBELL, WILLIE JR
 STREET ADDRESS 1902 WEST MAIN STREET
 CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE VD
 NAME CAMPBELL, FRANCES D
 STREET ADDRESS 1902 WEST MAIN STREET
 CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE SD
 NAME BLUE, EARLEANE
 STREET ADDRESS 1902 WEST MAIN STREET
 CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE AS
 NAME PARKER, MARTHA
 STREET ADDRESS 1902 WEST MAIN STREET
 CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE TD
 NAME STEPHENS, STERMAN
 STREET ADDRESS 1902 WEST MAIN STREET
 CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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: *Willie Campbell*
 SIGNATURE REQUIRED

(813)626-2757

CR 037 (10/00)

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