

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000574

1. Entity Name

FAITH LOVE OUTREACH MINISTRY INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90039 032 ****70.00

Principal Place of Business

Mailing Address

2691 TINA LANE
MIDDLEBURG FL 32068

P O BOX 375
DOCTORS INLET FL 32030

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

WALKER, KENNETH
2691 TINA LANE
MIDDLEBURG FL 32068

4. FEI Number

59-3306324

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	PCD	<input type="checkbox"/> Delete
NAME	WALKER, KENNETH C	
STREET ADDRESS	2691 TINA LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VMD	<input type="checkbox"/> Delete
NAME	WALKER, JOSHIE M	
STREET ADDRESS	2691 TINA LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESESNE, MAURICE	
STREET ADDRESS	1800 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESESNE, VICTORIA	
STREET ADDRESS	1800 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENFRO, DERRICK SR	
STREET ADDRESS	7971 118TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENFRO, JAMESY	
STREET ADDRESS	7971 118TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lesesne, Maurice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 Kingsley Ave. #46	
STREET ADDRESS	Orange Park, FL 32073	
CITY-ST-ZIP		
TITLE	Lesesne, Victoria	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 Kingsley Ave. #46	
STREET ADDRESS	Orange Park, FL 32073	
CITY-ST-ZIP		
TITLE	Renfro, Derrick SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7971 118th St.	
STREET ADDRESS	JACKSONVILLE FL 32244	
CITY-ST-ZIP		
TITLE	Renfro, Jamesy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7971 118th St	
STREET ADDRESS	JACKSONVILLE, FL 32244	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA A. LESESNE 3/6/2000 272-3610

Date

Daytime Phone #

CR2E037 (9/99)