2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # N9800000574 1. Entity Name FAITH LOVE OUTREACH MINISTRY INC. 02-06-2001 90050 016 ****70.00 Principal Place of Business Mailing Address 2691 TINA LANE P O BOX 375 OTOIOO MIDDLEBURG FL 32068 DOCTORS INLET FL 32030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3306324 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALKER, KENNETH 2691 TINA LANE 22111 MIDDLEBURG FL 32068 Zip Code FL 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. (NOTE: Registered Agent signature required when re 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITI F ☐ Change ☑ Addition WALKER, KENNETH C JONES, ROBIN LASKEY 3030 HICKORY GLENDRIVE NAME NAME STREET ADDRESS 2691 TINA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ORANGE PARK. VMD TITLE ☐ Delete TITLE ☐ Change Dones Kimberly ANN 3030 Hickory Glen Drive WALKER, JOSHIE M NAME NAME STREET ADDRESS 2691-TINA LANE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME LESESNE, MAURICE NAME STREET ADDRESS 1800 KINGSLEY AVE., # 46 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LESESNE, VICTORIA STREET ADDRESS 1800 KINGSLEY AVE., #46 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE Delete TITLE Change ☐ Addition RENFRO, DERRICK SR NAME NAME STREET ADDRESS 7971 118TH ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32241 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME RENFRO, JAMESY NAME STREET ADDRESS 7971 118TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32241

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. 4 C. WAKER 3/ JOY 8/ 904 272-4954