

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000611

1. Entity Name

TRUE WAY OUTREACH MINISTRIES, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90133 016 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3450 NW 6TH STREET FT. LAUDERDALE FL 33311	3450 NW 6TH STREET FT. LAUDERDALE FL 33311-7502

601485



DO NOT WRITE IN THIS SPACE

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	Applied For
65-0807549	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AKINS, HOWARD L SR.  
3450 NW 6TH STREET  
FT. LAUDERDALE FL 33311

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 \_\_\_\_\_ (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	TP
NAME	AKINS, HOWARD L SR
STREET ADDRESS	3450 NW 6TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	ST
NAME	ORR, JUDY
STREET ADDRESS	1841 S.W. 43 AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33317
TITLE	TT
NAME	AKINS, MARION
STREET ADDRESS	3450 NW 6TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	TM
NAME	ALFORD, ADRIAN
STREET ADDRESS	1801 GARDENIA RD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<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	

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: HOWARD L AKINS SR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000 954-583-1071  
Date Daytime Phone #

CP2E037 (9/99)