

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90031 010 \*\*\*\*61.25

**DOCUMENT # N98000000713**

1. Entity Name

**COMMUNITY OUTREACH CENTER OF LOVE, INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**677 N. HERNANDO STREET  
 LAKE CITY FL 32055**

**1593 WILSON STREET  
 LAKE CITY FL**

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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, GWENDOLYN  
 1593 WILSON ST.  
 LAKE CITY FL 32055-1829**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **HENRY, GWENDOLYN A**  
 STREET ADDRESS **1593 WILSON STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32058**

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

TITLE **D** ☐ Delete  
 NAME **ALLEN, WILLIE MAE**  
 STREET ADDRESS **1460 DYSON STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **D** ☐ Delete  
 NAME **HENRY, AMIE L**  
 STREET ADDRESS **608 MOULTRIE RD. APT. A-7**  
 CITY-ST-ZIP **ALBANY GA**

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

TITLE **D** ☐ Delete  
 NAME **ALLEN, EDDIE L**  
 STREET ADDRESS **1160 LONG STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*GWENDOLYN A HENRY* **GWENDOLYN A HENRY** *Pres*

Date

**2-25-02 386 755-9451**

Daytime Phone #

CR2E037 (9/01)



Department of the Treasury  
Internal Revenue Service

ATLANTA, GA 39901

Attachment  
Doc # N980000000713

331691

In reply refer to: 0716902349  
Feb. 26, 2001 LTR 147C  
36-4216187 000000 00

04024

COMMUNITY OUTREACH CENTER OF LOVE  
% GWENDOLYN A HENRY  
1593 WILSON ST  
LAKE CITY FL 32055-1829933

Employer Identification Number: 36-4216187  
IRS Control Number:

Dear Taxpayer:

Your employer identification number (EIN) is 57-0991843. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Romelle C. Hut*

Romelle C. Hut  
Chief, Accounts Management Br. I

Enclosure(s):  
Copy of this letter