

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-20-2001 90004 002 ***158.75

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # <u>980000001761</u>			
1. Entity Name <u>Outflow Ministry</u> <u>NO NAME CHG - MAIN</u> <u>CP</u>			
Principal Place of Business <u>200 Sandestin Lane #708</u> <u>Destin, FL 32550</u>		Mailing Address <u>200 Sandestin Lane #708</u> <u>Destin, FL 32550</u>	
2. Principal Place of Business <u>200 Sandestin Lane</u> Suite, Apt. #, etc. <u>708</u>		3. Mailing Address <u>P.O. Box 1056</u> Suite, Apt. #, etc.	
City & State <u>Destin, FL</u>		City & State <u>Fort Walton Bch, FL</u>	
Zip <u>32550</u>		Zip <u>32549</u>	
Country <u>So. Walter</u>		Country <u>Okeabosa</u>	
4. FEI Number <u>59 3506235</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>Nancy West</u> <u>200 Sandestin Lane #708</u> <u>Destin, FL 32550</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Nancy West</u> DATE <u>6/15/01</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Pres.</u> <u>Nancy West</u> <u>200 Sandestin Ln. #708</u> <u>Destin, FL 32550</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Sec./Treas.</u> <u>Kristine G. Gilbert, T</u> <u>351 Meadows Manor</u> <u>Withamway GA 30038</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Theresa Gregory</u> <u>1600 Glen Rd</u> <u>Mt Vernon OH 43050</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Thomas Gregory T</u> <u>1600 Glen Rd</u> <u>Mt Vernon OH 43050</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Nancy West</u>		Date <u>6/15/01</u>	

CR2034 (11/00)



Attachment # N 9800000 1761

77117

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 11, 2001

OUTFLOW MINISTRIES, INC.
P.O. BOX 1056
FT. WALTON BEACH, FL 32549

Subject: OUTFLOW MINISTRIES, INC.

Reference: ~~N98000001761~~
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/GS
ANNUAL REPORTS SECTION