

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002961

1. Entity Name

OUTSIDE THE WALLS RESCUE MISSION FOR THE HOMELES

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90011 001 ***122.50

Principal Place of Business

1098 OLD POLK CITY ROAD
 HAINES CITY FL 33844

Mailing Address

P.O. BOX 3081
 WINTER HAVEN FL 33885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3538472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLAY, JUANITA
 1098 OLD POLK CITY RD.
 HAINES CITY FL 33844

Name

Juanita Clay

Street Address (P.O. Box Number is Not Acceptable)

2001 San Marco Dr. SE #1

City
 Winter Haven

FL

Zip Code
 33881

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)

4/30/00
 DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
 NAME CLAY, RAYMOND R JR
 STREET ADDRESS 2401 NW 2ND STREET, APT 67
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P ☐ Change ☐ Addition
 NAME Juanita Clay
 STREET ADDRESS 2001 San Marco Dr SE #1
 CITY-ST-ZIP Winter Haven, FL 33881

TITLE S ☒ Delete
 NAME BIENAIME, SHARON
 STREET ADDRESS P.O. BOX 1370
 CITY-ST-ZIP EAGLE LAKE FL 33839-1370

TITLE S ☐ Change ☐ Addition
 NAME Melissa Marshall
 STREET ADDRESS 1617 Crystal Park Circle
 CITY-ST-ZIP Lakeland FL 33801

TITLE D ☐ Delete
 NAME MCNEAL, KIA
 STREET ADDRESS 2109 NE 3RD STREET, APT B
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Change ☐ Addition
 NAME Celina Bennett
 STREET ADDRESS
 CITY-ST-ZIP Lakeland, FL 338602

TITLE D ☒ Delete
 NAME HOOKS, NORMA JEAN
 STREET ADDRESS 1210 AVENUE N
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Change ☐ Addition
 NAME Beverly Cooper
 STREET ADDRESS
 CITY-ST-ZIP Haines City, FL 33844

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

Daytime Phone #

CR2E037 (5/00)