

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003088

1. Entity Name

EBERNEZER OUTREACH MINISTRIES ASSEMBLIES OF GOD,

Principal Place of Business

Mailing Address

GONZALEZ CENTER
PENSACOLA FL 32505
US

P.O. BOX ~~8373~~ 6303
PENSACOLA FL ~~32505~~ 32503
US

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

59-3538422

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

O'NEIL, PATRICK REV
5634 SUN VALLEY DRIVE
PENSACOLA FL 32505

4453 BIXBY CIRCLE
PENSACOLA, FL 32514

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

Rev. Patrick Rev. O'Neil

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/00

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

T
NAME LUCKETT, BEVERLY
STREET ADDRESS 2905 BENT OAK RD
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

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

T
NAME O'NEIL, CHRISTINE
STREET ADDRESS 5843 SANDERS ST
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

T
NAME
STREET ADDRESS 4453 BIXBY CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Change ☐ Addition

DT
NAME O'NEIL, PATRICK REV
STREET ADDRESS P.O. BOX 6303
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

DT
NAME
STREET ADDRESS P.O. BOX 6303
CITY-ST-ZIP PENSACOLA, FL 32503 ☒ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

REV. PATRICK REV. O'NEIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)