

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90393 045 ****70.00

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1. Entity Name

OVERTOWN FAMILY OUTREACH MINISTRIES, INC.

Principal Place of Business

**1018 N.W. 2ND AVE
MIAMI FL 33136**

Mailing Address

**POST OFFICE BOX #016943
MIAMI FL 33101-6943**

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

31-1603827

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

**JOHNSON, DELORIS
1027 N.W. 1ST COURT, #204
MIAMI FL 33136**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOB
JOHNSON, DELORIS
1027 N.W. 1ST COURT, #204
MIAMI FL 33136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOB
Johnson, Deloris
1517 N. W. 102 St./Miami 33147** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANKS, WILLIAM
1027 N.W. 1ST COURT, #204
MIAMI FL 33136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President
Leslie Claybon
10831 S. W. 156th. St./Mia 33157** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANKS, PATRICIA
1027 N.W. 1ST COURT, #204
MIAMI FL 33136** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, SHAUNETTE
1027 N.W. 1ST COURT, #204
MIAMI FL 33136** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CLAYBON, LESLIE
10520 SW 149TH TERRACE
MIAMI FL 33136** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ELLIS, CHANDRA
1027 N.W. 1ST COURT, #204
MIAMI FL 33136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (305) 694-8405
Daytime Phone #

CR2E037 (10/00)