

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004230

1. Entity Name

KINGDOM BUILDERS OUTREACH MINISTRY, INC.

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90010 018 ****61.25

Principal Place of Business

Mailing Address

P O BOX 952
13TH ST
CARRABELLE FL 32322

P O BOX 952
13TH ST
CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Carrabelle

FL.

Zip

Country

Zip

Country

32322

4. FEI Number

59-3523804

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLENDER, CYNTHIA G
P O BOX 952
13TH ST
CARRABELLE FL 32322

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 CD
NAME MILLENDER, GARRY
STREET ADDRESS P O BOX 952, 13TH ST
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

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

TITLE STD
NAME MILLENDER, CYNTHIA (GINA)
STREET ADDRESS P O BOX 952, 13TH ST
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

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

TITLE D
NAME MILLENDER, COURTNEY
STREET ADDRESS P O BOX 952, 13TH ST
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Millender

1-14-02

Date

Daytime Phone #

CR2E037 (9/01)