2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

224 SWEET BAY LN

DOCUMENT # N98000004269

Principal Place of Business

1943 BRETON BLVD

ARK OF FAITHFUL GOSPEL BAPTIST OUTREACH MINISTRI

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OBLANDO-FL-92835			ORLANDO FL 32835									
2. Principal P	lace of Busines	is la ch	3. Mailing Address			_						
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Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE					
City & State City & State						4. FE! N				Ар	plied For]
onlo					59-352	5187			t Applicable	4		
Zip 328	735	Ohonfly	Z p	Cou	ntry .		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	nd Address of Curren	t Registered Agent		Name	7. Name	and Address o	New Regis	tered A	gent		┨
					TVQUIG							
HEADLEY, VERNELL P					Street Address (P.O. Box Number is Not Acceptable)							
	T BAY LANE											1
ORLANDO FL 32835					City					Zip Cod	<u> </u>	-
					City				FL	Zip 000		
8. The above	named entity	submits this statement	for the purpase of changing	its registere	ed office or regis	stered agent, o	or both, in the sta	te of Florida.				1
							4/	, _	_			
SIGNATURE .	a)or	nere P.	Headley-	-/			3,4	- 2	00	D		
SIGNATURE .	Signature, typed or	printed name of registered age	nt and title if applicable. (N	VOTE: Registere	d Agent signature requ	uired when reinstatir			DATE			
								<u> </u>				1
-	FILE N		ign Financi		5.00 May Be				ayable to		1	
	FEE IS \$	61.25	Trust Fund Cont	tribution.	∐ Àd	ded to Fees		Depar	tment	of State		
10.	•	OFFICERS AND D	DIRECTORS	11.	<u></u>	ADDITIONS	CHANGES TO	OFFICERS A	ND DIR	ECTORS IN	10	1
TITLE	PTD			TITLE	: -					Change	Addition	٦ <u>ۋ</u>
NAME	HEADLEY, VERNELL P			NAMI							±.	9
STREET ADDRESS 224 SWET BAY LANE					ET ADDRESS						•	18
CITY-ST-ZIP	ORLANDO I	FL 3283 <u>5</u>			-ST-ZIP							15
TITLE		ST Delete		TITLE						☐ Change	☐ Addition	٦,
NAME STREET ADDRESS.		JACKSON, ROCKEY R		NAM STRE	ET ADDRESS	•						1
CITY-ST-ZIP	3247 BOLLING DR ORLANDO FL 32808				-ST-ZIP							1.
TITLE	DP .	<u> </u>	☐ De'ete	TITLE	-					☐ Change	☐ Addition	7
NAME	HEADY, VEI	RNELL		NAM						_ •		
STREET ADDRESS	224 SWEET			STRE	ET ADDRESS							Į
CITY-ST-ZIP	ORLANDO I			CITY	-ST-ZIP							
TITLE	VPT □ De'ete		TITL						Change	Addition		
NAME	VICKSON, (NAM								
STREET ADDRESS	2215 RAVE			■ *	ET ADDRESS							
CITY-ST-ZIP	ORLANDO I	FL 32811	 :	CITY	-ST-ZIP							4
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAM								
STREET ADDRESS					ET ADDRESS -ST-ZIP							
CITY-ST-ZIP	ļ · — ·								_	Change	Addition	1
TITLE			☐ Delete	TITLE NAM						☐ change	Acciden	
NAME STREET ADDRESS					ET ADDRESS							
CITY-ST-7IP					-ST-7IP							

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

FILED

Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90123 001 *****8.75 03-08-2000 90123 002 ****61.25