

FORM BUSINESS REPORT (UBR)

MENT # N98000004269

FAITH-FULL
ARK OF FAITHFUL GOSPEL BAPTIST OUTREACH MINISTRI
INC.

Principal Place of Business

315 FLORANCE STREET
ORLANDO FL 32811

Mailing Address

224 SWEET BAY LN
ORLANDO FL 32835

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

59-3525187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HEADLEY, VERNELL P
224 SWEET BAY LANE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEADLEY, VERNELL P 224 SWEET BAY LANE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, ROCKEY R 3247 BOLLING DR ORLANDO FL 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEADY, VERNELL 224 SWEET BAY LANE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VICKSON, OTIS M 2215 RAVENALL AVE ORLANDO FL 32811	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Douglas, Catherine D 3103 Florence Street Orlando, FL 32811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

Date

Deputy Phone #

08-18-2002 90140 005 ****61.25
09-08-2002 90091 026 *****8.75

02 SEP 11 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00130424

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

407-296-6829

8-27-2002

Attachment

Please send me a #N08000002487
CONSUMER'S Certificate OF
EXEMPTION.

With the SAME Address as
the check.

ARK OF FAITH Full Gospel
OUTREACH MINISTRIES
224 Sweet Bay Ln
Orlando FL 32835

We are no longer at the
4198 CEPEDA St
Orlando FL 32811

Thank you. Pastor Vernon Hendley