FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # **N98000004277** 1. Entity Name 09-16-2002 90099 013 ****61.25 MEN & WOMEN ON THE MOVE OUTREACH, INC. Principal Place of Business Mailing Address 4415 FLORIDA NAT'L DR 1766 CRYSTAL GROVE DR. LAKELAND FL 33801 SUITE 105 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address stal Grave DV Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3536957 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Register Street Address (P.O. Box Number is Not Acceptable) GRAHAM, CHRISTEL 1766 CRYSTAL GROVE DR. LAKELAND FL 33801 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition GRAHAM, CHRISTEL NAME NAME STREET ADDRESS STREET ADDRESS 1766 CRYSTAL GROVE DR. CITY-ST-ZIP CITY-ST-7IP

LAKELAND FL 33801 DT ☐ Addition TITLE Delete TITLE BEACHAM, MELANIE NAME NAME STREET ADDRESS 1420 N. FLORIDA AVE., APT. #64 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33805 TITLE ☐ Addition ☐ Delete CARROLL LAWAN NAME STREET ADDRESS 708 DR. MARTIN LUTHER KING JR. AVE. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33815 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE SHABAZZ, SHIRLEY NAME NAME STREET ADDRESS 1334 N. KETLLES AVE. STREET ADDRESS CITY~ST-ZIP **LAKELAND FL 33805** CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change LEWIS, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 1612 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Addition ☐ Delete ☐ Change TITLE TITLE COPELAND, BRENDA NAME NAME 303 N. BRUNNELL PKWY. #47 STREET ADDRESS STREET ADDRESS

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 receiper of 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.

CITY-ST-ZIP

SIGNATURE:

LAKELAND FL 33815

CITY-ST-7IP

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