

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004700

1. Entity Name

GODSOLDIERS OUTREACH CENTER, EVANGELISTIC ASSOCI

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90008 035 ****61.25

Principal Place of Business

7476 GROVEOAK DRIVE
ORLANDO FL 32810

Mailing Address

P.O. BOX 680317
ORLANDO FL 32868-0317
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 680917

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32868

4. FEI Number

59-3384245

Applied For

Not Applicable

Zip

Country

32868

Country

USA

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

YOUNG, MICHAEL D
7476 GROVEOAK DRIVE
ORLANDO FL 32810

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 D ☐ Delete
NAME YOUNG, MICHAEL D
STREET ADDRESS 7476 GROVEOAK DRIVE
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D ☐ Delete
NAME YOUNG, FRED DOUGLAS III
STREET ADDRESS 113 ESCALONA AVENUE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME JACKSON, BYRON TREVOR
STREET ADDRESS 327-4 UNIVERSITY VILLAGE SOUTH
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE D ☐ Delete
NAME TENAH, KWAKU A
STREET ADDRESS 3608 NW 22ND PL
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/24/00 407 292 0133

CR2E037 (9/99)