

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90141 017 ****70.00

DOCUMENT # *N98000004864*

1. Entity Name

*Lee's shelter of Love & Care
OUTREACH Center, Inc.*



DO NOT WRITE IN THIS SPACE

60013484

2. Principal Place of Business

1520 NW 17th Place

3. Mailing Address

951 S. Dixie Hwy W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

650856612

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bernice Washington

Street Address (P.O. Box Number is Not Acceptable)

951 S. DIXIE Hwy W.

City

Pompano Beach

FL

Zip Code

33060

**DO NOT WRITE
IN THIS SPACE**

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

Bernice Washington

2/21/03

DATE

FEE IS \$81.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Bernice Washington
STREET ADDRESS	1520 NW 17th Place
CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	SD
NAME	Jeanette Washington
STREET ADDRESS	3681 NW 21st St.
CITY-ST-ZIP	Lauderdale Lakes, FL 33311
TITLE	TD
NAME	LATOYA Young
STREET ADDRESS	4806 NW 27th Terrace
CITY-ST-ZIP	Pompano Beach, FL 33309
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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

SIGNATURE: *Bernice Washington*

2/21/03

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