

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Aug 21, 2001 08:00 AM
Secretary of State**

DOCUMENT # N98000005926

1. Entity Name
BRIGHT AND MORNING STAR OUTREACH MINISTRY, INC.

Principal Place of Business 316 NE 23RD AVE. BOYNTON BCH 33435	FL	Mailing Address 316 NE 23RD AVE. BOYNTON BCH 33435	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number
65-0861052

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTS ARTHUR JR.
316 NE 23RD AVE.

BOYNTON BCH FL
33435

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.

SIGNATURE _____ DATE **08/21/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS <input type="checkbox"/> Delete NORFUS LAURIE 316 NE 23 AVE BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVG <input type="checkbox"/> Delete WRIGHT-BOATMAN PRISCILLA 426 SOUTH N STREET #17 LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC <input type="checkbox"/> Delete WRIGHT-ROBERTS SHARON 316 NE 23 AVE BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE <input type="checkbox"/> Delete ROBERTS ARTHUR JR 316 NE 23 AVE BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arthur Roberts, Jr. **DPCE** **08/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)