

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90209 007 ****61.25

DOCUMENT # N98000006041

1. Corporation Name

OUTREACH REVIVAL CENTER, INC.

404796 - 90209 - 7

Principal Place of Business

1135 BRIDGES RD.
POLK CITY FL 33868

Mailing Address

P.O. BOX 795
POLK CITY FL 33868



2. Principal Place of Business

21 1135 Bridges Rd

2a. Mailing Address

26 PO Box 795

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

59-387 0425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

23 Polk City Fla.

City & State

28 Polk City Fla

Zip

24 33868

Country

25 Polk

Zip

29 33868

Country

30 Polk

9. Name and Address of Current Registered Agent

GASKINS, NORMAN
1125 BRIDGES RD.
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name

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

83 1125 Bridges Rd

84

City

Polk City

FL

85 Zip Code

33868

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Pastor Norman Gaskins PO Box 795 Polk City Fla 33868

Assistant Pastor Cherry Gaskins PO Box 795 Polk City Fla 33868

Treasurer Marvin Bonny 302 Pine Rd Auburnade Fla 33868

Secretary Leann Clay 1305 W.E 14th St Winter Haven Fla 33881

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Daytime Phone #

941-984-1850

CR2E037 (11/98)