

# 2000 UNIFORM BUSINESS REPORT (UBR)

4-11-00

DOCUMENT # N98000006041

1. Entity Name

OUTREACH REVIVAL CENTER, INC.

FILED

00 APR 17 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1135 BRIDGES RD.  
POLK CITY FL 33868

Mailing Address

P.O. BOX 795  
POLK CITY FL 33868-0795

2. Principal Place of Business

1135 Bridges Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 795

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

04-17-00 90028 008 61.00

City & State  
POLK CITY

Zip  
33868

Country  
POLK

City & State  
POLK CITY

Zip  
33868

Country  
POLK

4. FEI Number

59-3570425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASKINS, NORMAN  
1125 BRIDGES RD.  
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name  
Norman Gaskins  
Street Address (P.O. Box Number is not acceptable)  
1135 Bridges Rd.  
City  
POLK CITY FL 33868

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

4-10-2000

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	PD	<input type="checkbox"/> Delete
NAME	GASKINS, NORMAN	
STREET ADDRESS	PO BOX 795	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GASKINS, SHERRY	
STREET ADDRESS	PO BOX 795	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BONNY, MARVIN	
STREET ADDRESS	802 PINE RD	
CITY-ST-ZIP	AUBURNDAL FL 33868	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLAY, LEANN	
STREET ADDRESS	1505 N.E. 14TH ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Norman Gaskins* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

984-1850

Daytime Phone #

CR2E037 (9/99)