4/25

2001 UNIFORM BUSINESS REPORT (UBR)

OUTREACH REVIVAL CENTER, INC.  Principal Place of Business  Mailing Ac  1135 BRIDGES RD. POLK CITY FL 33868  POLK CITY  2. Principal Place of Business  3. Mailing					
1135 BRIDGES RD. P.O. BOX POLK CITY FL 33868 POLK CIT	795	·····	<del>-</del>   •		
POLK CITY FL 33868 POLK CIT					
D. Princinal Place of Rusiness 3. Mailing		•		44897	
7 Principal Place of Business 1.3 Mailinn					
135 bridges Pd. Box	<u> 195 </u>			10 101E1 18E11 B9131 8+111 84114 94141 44116 41114 94	)
	Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State POINT CITY Florida POINT	City, Fl	<u>orda</u>	4. FEI Number	59-3570425	Applied For Not Applicable
33868 POLC 33380	<i>જ</i> ્રે	POIC_	5. Certificate of	Fee Requ	Additional iired
6. Name and Address of Current Registered A	gent	Napa	7. Name and A	ddress of New Registered Agent	<del></del>
OLOGANO NOTALIN		Street Addre	ss,(P.O. Box Number	is Not Acceptable)	
GASKINS, NORMAN 1125 BRIDGES RD.		1185	DUCORS	3 Ka	·····
POLK CITY FL 33868			_ <del></del>		\nada
		Poir	Citu	FL   含	<b>3868</b>
. The above named entity submits this statement for the purpose	of changing its	registered office or reg	istered agent, or both,	in the state of Florida.	
				1/1/2 1- 1	
IGNATURE				4/16/01	,
Signature, typed or printed name of registered agent and title if applicab	16. (NOTE:	: Registered Agent signature rec	ured when re-instating)	DATE	
	ection Campaign				
A	ust Fund Contribu		5.00 May Be ided to Fees	Make Check Payable Department of Stat	
* * *			ided to Fees		e
ID. OFFICERS AND DIRECTORS TILE PD		Ition. A	ided to Fees	Department of Stat	e S IN 10
O. OFFICERS AND DIRECTORS  TILE PD  GASKINS, NORMAN	ust Fund Contribu	11, IITE NAME	ided to Fees	Department of Stat	e S IN 10
O. OFFICERS AND DIRECTORS  ITLE PD GASKINS, NORMAN PO BOX 795	ust Fund Contribu	Ition. A	ided to Fees	Department of Stat	e S IN 10
O. OFFICERS AND DIRECTORS  ITLE PD GASKINS, NORMAN PO BOX 795 POLK CITY FL 33868  ITLE VD	ust Fund Contribu	TITLE  AND TITLE  AND TITLE	ided to Fees	Department of Stat	e S IN 10 ge Addition
O. OFFICERS AND DIRECTORS  TILE  AME  GASKINS, NORMAN  PO BOX 795  POLK CITY FL 33868  TILE  VD  AME  GASKINS, SHERRY	ust Fund Contribu	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ided to Fees	Department of States	e S IN 10 ge Addition
O. OFFICERS AND DIRECTORS  ITLE  AMME  GASKINS, NORMAN  PO BOX 795  POLK CITY FL 33868  ITLE  AMME  GASKINS, SHERRY  PO BOX 795  PO BOX 795	ust Fund Contribu	TITLE  AND TITLE  AND TITLE	ided to Fees	Department of States	e S IN 10 ge Addition
O. OFFICERS AND DIRECTORS  TILE  AME  GASKINS, NORMAN  PO BOX 795  POLK CITY FL 33868  TILE  AME  GASKINS, SHERRY  PO BOX 795  POLK CITY FL 33868  TREET ADDRESS  TREET ADDRESS  TY-ST-ZIP  PO BOX 795  POLK CITY FL 33868	ust Fund Contribu	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	ided to Fees	Department of States	e SIN 10 gs Addition gs Addition
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