

4/21

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90376 013 *****61.25

DOCUMENT # N98000006041

1. Entity Name

OUTREACH REVIVAL CENTER, INC.

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

1135 bridges rd.

Suite, Apt. #, etc.

3. Mailing Address

Box 795

Suite, Apt. #, etc.

City & State

Polk City, Florida

Zip

33868

Country

FL

City & State

Polk City, Florida

Zip

33868

Country

FL

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)
1125 bridges rdCity
Polk City

FL

Zip Code
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)

4/16/01

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	PD GASKINS, NORMAN PO BOX 795 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASKINS, SHERRY PO BOX 795 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONNY, MARVIN 802 PINE RD AUBURNDAL FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, LEANN 1505 N.E. 14TH ST. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman Gaskins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01

Date

Daytime Phone #

CR2E037 (10/00)

44897



DO NOT WRITE IN THIS SPACE