

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90118 017 \*\*\*\*61.25

DOCUMENT # 1198000006001

1. Entity Name

OUTREACH REWIVAL center, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1125 Bridges Rd  
Suite, Apt. #, etc.

3. Mailing Address

1125 Bridges Rd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POLK CITY FL

Zip  
33868

Country  
POLK

City & State  
POLK CITY FL

Zip  
33868

Country  
POLK

4. FEI Number

59-3570465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Norman Gaskins

Street Address (P.O. Box Number is Not Acceptable)  
1125 Bridges Rd

City  
POLK CITY

FL

Zip Code  
33868

**DO NOT WRITE  
IN THIS SPACE**

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

April 22, 02

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	Pastor Norman Gaskins 1125 Bridges Rd POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Pastor Cherry Gaskins 1125 Bridges Rd POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marvin Bonny 802 Pine Rd POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Leam Clay 1305 N.E. 4th St. Winter Haven, FL 33881
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Gaskins

4/22/02 (263)981-1850

CR2E037B (12/01)