

# 04 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR 22 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1198000006011

1. Entity Name

Out Reach Revival Ctr.  
Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1135 Bridges Road

Suite, Apt. #, etc.

3. Mailing Address

1125 Bridges Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Polk City, FL

City & State

Polk City, FL

4. FEI Number

59-3570425

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 Road

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norman Gaskins

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

(NOTE: Registered Agent signature required when reinstating)

April 19, 2004

DATE

**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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: Norman Gaskins  
STREET ADDRESS: 1125 Bridges Rd  
CITY-ST-ZIP: Polk City, FL 33868

TITLE: VD  
NAME: Sherry Gaskins  
STREET ADDRESS: 1125 Bridges Rd  
CITY-ST-ZIP: Polk City, FL 33868

TITLE: TD  
NAME: Marvin Benny  
STREET ADDRESS: 802 Pine Rd  
CITY-ST-ZIP: Auburndale, FL 33823

TITLE: S  
NAME: Leann Clay  
STREET ADDRESS: 1505 N. E. 14th St  
CITY-ST-ZIP: Winter Haven, FL 33881

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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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

April 19, 2004 863-9841822

CR2E037B (12/02)