2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90174 004 ****61.25

DOCUMENT # N98000006041

1. Entity Name
OUTREACH REVIVAL CENTER, INC.

Principal Place of Business	Mailing Address
1135 BRIDGES RD. POLK CITY, FL 33868	P.O. BOX 795 POLK CITY, FL 33868

11003737

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1135 Bridges Rd Suite, Apt. #, etc.	1135 Bridges Rd Suite, Apt. #, etc.
City & State: Polk City, Florida	City & State: Polk City, Florida
Zip: 33868 Country: POLK	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	7. Name and Address of New Registered Agent
GASKINS, NORMAN 1125 BRIDGES RD. POLK CITY, FL 33868	Name: Norman Gaskins Street Address (P.O. Box Number is Not Acceptable): 1135 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 — April 18, 2003
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GASKINS, NORMAN PO BOX 795 POLK CITY, FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GASKINS, SHERRY PO BOX 795 POLK CITY, FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BONNY, MARVIN 802 PINE RD AUBURNDALE, FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLAY, LEANN 1505 N.E. 14TH ST. WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 — 4/18/03 — 863 984-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #