2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # N98000006151 Feb 29, 2000 8:00 am **Secretary of State** THE OUTREACH CHURCH INCORPORATED 02-29-2000 90195 029 ****70.00 Principal Place of Business Mailing Address 4040 DURANT ST. 4040 DURANT ST. PT. CHARLOTTE FL 33948-7427 PT. CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0873722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PLUMMER, EUGENE 4040 DURANT ST. PT. CHARLOTTE FL 33948 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE NAME PLUMMER, EUGENE STREET ADDRESS STREET ADDRESS 4040 DURANT ST. CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL 33948 Addition TITLE ☐ Delete TITLE Change NAME PLUMMER, EMILY NAME STREET ADDRESS STREET ADDRESS 4040 DURANT ST. CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL 33948 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME TAITT, DOROTHY NAME STREET ADDRESS STREET ADDRESS 3014 GUNTHER AVE. CITY-ST-ZIP CITY-ST-ZIP **BRONX NY 10469** ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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