

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006162

1. Entity Name

COMPASSIONATE OUTREACH MINISTRIES CHRISTIAN ACAD., Inc.

Principal Place of Business

320 SE 43RD ST.  
GAINESVILLE FL 32608

Mailing Address

P O BOX 143116  
GAINESVILLE FL 32614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1644916

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

DENNISON, LARRY  
320 SE 43RD ST.  
GAINESVILLE FL 32608

Name

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

City

FL

Zip Code

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

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 PD ☐ Delete  
NAME DENNINSON, LARRY  
STREET ADDRESS 2900 SW 34 PL 4301 NW 51 Dr  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete  
NAME DENNISON, MARGARET  
STREET ADDRESS 2900 SW 34 PL 4301 NW 51 Dr  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE SD ☐ Delete  
NAME DENNISON, LILLIAN  
STREET ADDRESS 2920 SW 34 PL  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE TD ☐ Delete  
NAME OSBORNE, QUINCY  
STREET ADDRESS HWY 441  
CITY-ST-ZIP MICANOPY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-01

352-3731888

Date

Daytime Phone #

5  
FILED  
Jun 26, 2001 8:00 am  
Secretary of State

05-22-2001 90655 001 \*\*\*122.50

49825



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

*Compassionate Outreach Ministries  
Christian Academy*

Where  Are Loved From The



*Pastor: Dr. Larry J. Dennison*

*Principal: First Lady, Sis. Margaret Dennison*

*Academy Hours:*

*Mon. Tue. Thu. Fri. 8:00 - 2:00*

*Wed. 12:45*

June 21, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Please be advised we are submitting our FEI number on the annual report/uniform business report. Please accept our corrections and thank you for filing the attached document.

Sincerely,  
Compassionate Outreach Ministries Christian Academy