

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91205 019 ****61.25

DOCUMENT # N990000000052

1. Entity Name

MISSION FOR MANKIND OUTREACH MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1059 Mason Avenue

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 11034

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32117

Country

Volusia

Zip

32120

Country

Volusia

4. FEI Number

59-3550275

Applied For

² Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80124422

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Belinda A. McElveen

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

4636 South Moon Trail

City Port Orange

FL

Zip Code 32129

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 Belinda A. McElveen

Belinda A. McElveen

5/23/02

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE President
NAME Belinda A. McElveen
STREET ADDRESS 4636 South Moon Trail
CITY-ST-ZIP Port Orange, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President
NAME Leah C. Riddick
STREET ADDRESS 48 South Street
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Paulette Davis
STREET ADDRESS 1017 Hampton Road
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Arigene Janvier
STREET ADDRESS 1026 Gertrude Court
CITY-ST-ZIP Daytona Beach, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Olive Jamerson
STREET ADDRESS 1015 Hampton Road
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Belinda A. McElveen* Belinda A. McElveen 5/23/02 386-822-5744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)