2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
Jun 01, 2000 8:00 am
Secretary of State
05-04-2000 90152 031 ****61.25

DOCUMENT # N99000000538

1. Entity Name

MOUNT ZION OUTREACH, INC.

Principal Place of Business	Mailing Address
825 HOWARD STREET CLEARWATER FL 33756	825 HOWARD STREET CLEARWATER FL 33756-2195

DO NOT WRITE IN THIS SPACE

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 59-1489968 ☐ 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
COLE, STEPHEN O ESQ. 625 COURT STREET SUITE 200 CLEARWATER FL 33756	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, GLORIA D 1077 WEATHERSFIELD DRIVE DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rowland Johnson 1883 Balboa Lane Clearwater, FL 33764	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, STEPHEN O 925 BAY ESPLANADE CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Ann Mitchell 808 Tarawood Lane Valrico FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS, THERESA C DR 1201 MACCRAE AVENUE CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Dr. Theresa C. Goss 1201 McCrae Ave. Clearwater, Fl 33755	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, KRISITE C 5194 FOXBRIDGE CIRCLE CLEARWATER FL 33705	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Young 1091 Weathersfield Dr. Dunedin FL 34698	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, BETTY 1037 WEST AVENUE CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Leontyne Middleton 920 Pallanza Dr. S. St. Petersburg, FL 33705	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYTLE, AUDREY 1143 BARBARA ST. LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Leontyne Middleton D Leontyne Middleton 4/28/00 (727)893-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #