

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000538

1. Entity Name

MOUNT ZION OUTREACH, INC.

Principal Place of Business

825 HOWARD STREET  
CLEARWATER FL 33756

Mailing Address

825 HOWARD STREET  
CLEARWATER FL 33756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

COLE, STEPHEN O ESQ.  
625 COURT STREET  
SUITE 200  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, GLORIA D	
STREET ADDRESS	1077 WEATHERSFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, STEPHEN O	
STREET ADDRESS	925 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, THERESA C DR	
STREET ADDRESS	1201 MACCRAE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, KRISITE C	
STREET ADDRESS	5194 FOXBRIDGE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, BETTY	
STREET ADDRESS	1037 WEST AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYTLE, AUDREY	
STREET ADDRESS	1143 BARBARA ST.	
CITY-ST-ZIP	LARGO FL 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rowland Johnson	
STREET ADDRESS	1883 Balboa Lane	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Mitchell	
STREET ADDRESS	808 Tarawood Lane	
CITY-ST-ZIP	Valrico FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leontyne Middleton	
STREET ADDRESS	420 Pallanza Dr. S.	
CITY-ST-ZIP	St. Petersburg FL 33705	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Young	
STREET ADDRESS	1091 Weathersfield Dr	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Leontyne Middleton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2001 727 893-7894  
Date Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90086 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)