

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001073

1. Entity Name

THE NEW ABUNDANT LIFE OUTREACH MINISTRIES INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90116 007 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P. O. BOX 754  
WILLISTON FL 32696

P. O. BOX 754  
WILLISTON FL 32696-0754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3540013

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

DAYS, TONY III  
21330 NE 37TH PLACE  
WILLISTON FL 32696

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pastor
STREET ADDRESS	Gladys Ann Days
CITY-ST-ZIP	21330 NE 37th Place Williston, Fla 32696
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	Andrew Brown (Trustee)
CITY-ST-ZIP	2751 NE 200th Ave Williston, Fla 32696
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	Mary Milton - Trustee
CITY-ST-ZIP	4030 NE 212 Ter Williston, Fla 32696
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	George Berry, 10211 City Highway 318
CITY-ST-ZIP	Williston, Fla 32696
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reddick, Fla.
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:

*For Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

Daytime Phone #

CR2E037 (9/99)