

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001787

FILED  
Apr 15, 2003  
Secretary of State

**Entity Name:** FAITH COMMUNITY DEVELOPMENT OUTREACH, INC.

**Current Principal Place of Business:**

7169 NW 17TH AVE  
MIAMI, FL 33147

**New Principal Place of Business:**

7770 NW 23TH AVE  
MIAMI, FL 33147

**Current Mailing Address:**

3011 N.W. 183RD ST.  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 65-0903480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, DAISY  
3011 N.W. 183RD ST.  
MIAMI, FL 33056

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, DAISY  
Address: 3011 N.W. 183RD ST.  
City-St-Zip: MIAMI, FL 33056

Title: DS ( ) Delete  
Name: THOMPSON, WILLIE MAE  
Address: 20350 N.W. 29TH AVE.  
City-St-Zip: MIAMI, FL 33056

Title: DT ( ) Delete  
Name: THOMPSON, NATHANIEL  
Address: 20350 N.W. 29TH AVE.  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: THOMPSON, WILLIE MAE  
Address: 3117 NW 204TH LANE  
City-St-Zip: MIAMI, FL 33056

Title: DT (X) Change ( ) Addition  
Name: THOMPSON, NATHANIEL  
Address: 3117 NW 204TH LANE  
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MAE THOMPSON

DS

04/15/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date