

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001792

1. Entity Name

RECONCILING OUTREACH INTERNATIONAL MINISTRY, INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90069 044 ****70.00

Principal Place of Business

Mailing Address

573 CHESTNUT ST. #4
CLERMONT FL 34711

573 CHESTNUT ST. #4
CLERMONT FL 34711-3011

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

59-3568167

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

MONTGOMERY, JAMES A
573 CHESTNUT ST. #4
CLERMONT FL 34711

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:
FEES 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 | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|---------------------|--------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD | MONTGOMERY, JAMES A | 573 CHESTNUT ST. #4 | CLERMONT FL 34711 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VPD | MONTGOMERY, CORETTA | 573 CHESTNUT ST. #4 | CLERMONT FL 34711 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| STD | PACE, LATASHA | 833 ROBINSON ST | GROVELAND FL 34736 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Latasha P. Pace

4/14/00 401-245-0700

CR2E037 (9/99)