2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900002312 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name EMMANUEL OUTREACH MINISTRIES, INC. 08-17-2000 90107 010 ****61.25 Mailing Address Principal Place of Business 5400 26TH STREET WEST #E84 5400 26TH STREET WEST #E84 **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 25 - 091 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITAKER, SHIRLEY D 5400 26TH STREET WEST #E84 **BRADENTON FL 34207** Zip Code City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITI F ☐ Delete TITLE WHITAKER, SHIRLEY D NAME NAME 5400 26TH STREET WEST #E84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** TOLINSON, TROLOY D Change Addition ☐ Delete TITLE 5400 26 the St. W.#6107 JOHNSON, TRACY D NAME. NAME 3223 3RD ST W #1 STREET ADDRESS STREET ADDRESS Bradenton, Flr34207 **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-78 **Change** ☐ Addition ☐ Delete TITLE TITLE wruell, Paula 5400 26th St. W# 6107 Bradenton, Fl. 34201 WISWELL, PAULA NAME NAME 3223 3RD ST W #1 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

hoto Shirley D Wh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

De 94/227-5497