

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0066732

DOCUMENT # N99000002390

1. Entity Name

THE HOLY WORD OUTREACH CENTER, INC.



FILED

03 FEB 11 PM 1:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

[Handwritten signature]



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3972 WOODVILLE HWY
TALLAHASSEE FL 32310

Mailing Address

3972 WOODVILLE HWY
TALLAHASSEE FL 32310

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 59-3572193

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

DIXON, ROBERT L
RR 4 BOX 40989
TECUMSEH RD.
MONTICELLO FL 32344

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DIXON, ROBERT L PASTOR
STREET ADDRESS RR 4 BOX 40989
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300013175663
02/27/03--01082--020 **\$61.25

TITLE T
NAME MATTHEWS, LANGSTON
STREET ADDRESS 1020 SUTOR RD.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DIXON, LAURA P
STREET ADDRESS RR4 BOX 40989
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME BURNS, TRACY
STREET ADDRESS 1020 SUTOR RD.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BURNS, J DEJABA
STREET ADDRESS 3970 WOODVILLE HIGHWAY
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Handwritten signature]
SIGNATURE REQUIRED

CR2E037 (10/02)