

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0001243

DOCUMENT # N99000004177

1. Entity Name

HISLIFE.HERLIFE INNERCITY OUTREACH OF AMERICA, I

04-10-2001 90146 019 *****70.00

Principal Place of Business

2254 DOUGLAS ST.
HOLLYWOOD FL 33020

Mailing Address

2254 DOUGLAS ST.
HOLLYWOOD FL 33020

00034082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 DOUGLAS ST

3. Mailing Address

2300 DOUGLAS ST.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

4. FEI Number

65-0936692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADDISON, WILLIE JR
2254 DOUGLAS ST.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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

TITLE D
NAME ANDERSON, MICHAEL K
STREET ADDRESS 2254 DOUGLAS ST.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE DP
NAME ADDISON, WILLIE JR
STREET ADDRESS 2254 DOUGLAS ST.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE DT
NAME MACK, TYMIRA W
STREET ADDRESS 4131 SW 27 STREET
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE DS
NAME BLOCKER, JACQUELINE
STREET ADDRESS 2323 SIMMS ST.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2001 (954)921-6096

CR2E037 (10/00)