

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004380

1. Entity Name

SR. MARY FRANCIS WAITE RURAL OUTREACH, INC.

Principal Place of Business

101 S. WAUKESHA ST.  
BONIFAY FL 32425

Mailing Address

P.O. BOX 1097  
BONIFAY FL 32425

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

APPLIED FOR

☒ 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

ANDERSON, MILES E  
101 S. WAUKESHA ST.  
BONIFAY FL 32425

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  
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	MD ANDERSON, BARBARA 2035 COMET LANE BONIFAY FL 32425	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUKATIS, GERALD 2310 S. WEEKS ST BONIFAY FL 32425	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, MELANIE 2030 MIDYETTE RD TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD ANDERSON, MILES 2030 MIDYETTE RD TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLAR, STEPHEN 2923 PATE POND RD CARYVILLE FL 32427	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600004597066--6  
-09/18/01--01048--023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 REQUIRED

APPROVED  
AND  
FILED

01 SEP 12 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

pg 1 of 2

000212

CR2007 (5/01)

SP

Form **SS-4**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>Sr. Mary Francis Waite Rural Outreach, Inc.</b>							
	2 Trade name of business (if different from name on line 1) <b>N/A</b>		3 Executor, trustee, "care of" name <b>N/A</b>					
	4a Mailing address (street address) (room, apt., or suite no.) <b>101 South Wakarusa Street</b>		5a Business address (if different from address on lines 4a and 4b) <b>N/A</b>					
	4b City, state, and ZIP code <b>Bonifay, FL 32425</b>		5b City, state, and ZIP code					
	6 County and state where principal business is located <b>Holmes, Florida</b>							
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► <b>Miles E. Anderson</b>							
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>Charity</b> (enter GEN if applicable) <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) ► _____ <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization							
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		State <b>Florida</b> Foreign country						
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ► _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input type="checkbox"/> Banking purpose (specify) ► _____ <input type="checkbox"/> Changed type of organization (specify) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► _____ <input checked="" type="checkbox"/> Other (specify) ► <b>from sponsor established separateness from sponsor church</b>								
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>July 22, 1999</b>		11 Closing month of accounting year (See instructions.) <b>December</b>						
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► <b>all volunteer org</b>								
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . . . ► <table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td><b>0</b></td><td><b>0</b></td><td><b>0</b></td></tr></table>			Nonagricultural	Agricultural	Household	<b>0</b>	<b>0</b>	<b>0</b>
Nonagricultural	Agricultural	Household						
<b>0</b>	<b>0</b>	<b>0</b>						
14 Principal activity (See instructions.) ► <b>non-profit charitable corporation</b>								
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ► _____								
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____								
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.								
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► <b>N/A</b> Trade name ► _____								
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN <b>N/A</b> _____								
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.								
Business telephone number (include area code) <b>850/922-4442</b>								
Fax telephone number (include area code)								
Name and title (Please type or print clearly.) ► <b>Miles E. Anderson, Incorporator</b>								
Signature ► <b>Miles E. Anderson</b> Date ► <b>11-06-00</b>								

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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