

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004858

1. Entity Name

JOSEPH'S OUTREACH MINISTRIES INC.

FILED

Jul 20, 2000 8:00 am
Secretary of State

04-05-2000 90116 032 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 2355
OKEECHOBEE FL 34973

P.O. BOX 2355
OKEECHOBEE FL 34973

2. Principal Place of Business

834 N.E. 14TH AVE

3. Mailing Address

P.O. Box 2355

Suite, Apt. #, etc.

OKEECHOBEE FLA

Suite, Apt. #, etc.

OKEECHOBEE FLA.

City & State

City & State

4. FEI Number

65-0947652

Applied For

Not Applicable

Zip

Country

34973

Zip

Country

34973

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

HARRIS, EMMALINE

1760 NE 4TH AVE.

OKEECHOBEE FL 34972

Name

Emmaline Harris

Street Address (P.O. Box Number is Not Acceptable)

834 N.E. 14TH AVE

OKEECHOBEE

City

FL

Zip Code

34972

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

Emmaline Harris

July 08, 2000

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
ZAVAN BARLEY
711 NE. 14TH AVE
OKEECHOBEE FLA 34972

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
CRYSTAL HARRIS
1401 N.E. PARK ST
OKEECHOBEE FLA 34972

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
KENYA GREG
556 AVE E
OKEECHOBEE FLA. 34972

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Emmaline Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 08, 2000

Date

Daytime Phone #