

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**

**Jul 12, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90024 047 \*\*\*\*61.25

**DOCUMENT # N99000005281**

1. Entity Name

**ABUNDANT FAITH OUTREACH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

708 N.W. 9TH COURT  
HALLANDALE FL 33009

708 N.W. 9TH COURT  
HALLANDALE FL 33009-2230

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

65-0936235

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

**JACKSON, BOBBIE**  
**708 N.W. 9TH COURT**  
**HALLANDALE FL 33009**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, BOBBIE	
STREET ADDRESS	708 N.W. 9TH COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELL, CLAIRE	
STREET ADDRESS	612 S.W. 2ND STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, BRENDA	
STREET ADDRESS	634 N.W. 9TH COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, OSWALD	
STREET ADDRESS	21355 NW. 9TH COURT, #104	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONTEMPS, RINA	
STREET ADDRESS	721 N.W. 200TH TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernice Seymour	
STREET ADDRESS	48 S.W. 12th Street	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

458-5218