

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005281

1. Entity Name

ABUNDANT FAITH OUTREACH MINISTRIES, INC.

Principal Place of Business

708 N.W. 9TH COURT  
HALLANDALE FL 33009

Mailing Address

708 N.W. 9TH COURT  
HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

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

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

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  
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 PD  
NAME JACKSON, BOBBIE  
STREET ADDRESS 708 N.W. 9TH COURT  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE SD  
NAME BELL, CLAIRE  
STREET ADDRESS 612 S.W. 2ND STREET  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE TD  
NAME JONES, BRENDA  
STREET ADDRESS 634 N.W. 9TH COURT  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE D  
NAME HAYNES, OSWALD  
STREET ADDRESS 21355 NW. 9TH COURT, #104  
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE M  
NAME SEYMOUR, BERNICE  
STREET ADDRESS 48 S.W. 12TH STREET  
CITY-ST-ZIP DANIA BEACH FL 33004 ☐ 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 TD  
NAME Henrietta Johnson  
STREET ADDRESS 3020 NW 215 Street  
CITY-ST-ZIP Carol City, FL. 33056 ☐ Change ☒ Addition

TITLE D  
NAME Travis King  
STREET ADDRESS 514 NW 3rd St.  
CITY-ST-ZIP Dania, FL. 33004 ☐ Change ☒ Addition

TITLE D  
NAME Seymour, Bernice  
STREET ADDRESS 524 NW 5th Street #5  
CITY-ST-ZIP Hallandale, Florida 33009 ☒ Change ☐ Addition

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]

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

09-19-2001 90123 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

9/10/01 054-458-5218