

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006269

1. Entity Name

JOE GREEN OUT REACH MINISTRIES, INC.

Principal Place of Business

15330 W DIXIE HWY
N MIAMI FL 33162

Mailing Address

8436 NW 201 TERR
MIAMI FL 33015

2. Principal Place of Business

111 N.W. 183 ST.

Suite, Apt. #, etc.

#304

City & State

Miami FL

3. Mailing Address

111 N.W. 183 ST.

Suite, Apt. #, etc.

#304

City & State

Miami FL

Zip

33169

Country

USA

Zip

33169

Country

USA

6. Name and Address of Current Registered Agent

GARNER, DELORES K
8436 NW 201 TERR
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

DELORES K. GARNER

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

Atlantic Ave
781

City

Carol City

FL

Zip Code

33055

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

7/11/01

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 D
NAME GREEN, JOE
STREET ADDRESS 15330 W DIXIE HWY
CITY-ST-ZIP N MIAMI FL 33162 ☐ Delete

TITLE D
NAME GREEN, JOE
STREET ADDRESS 15330 W DIXIE HWY
CITY-ST-ZIP N MIAMI FL 33162 ☐ Delete

TITLE T
NAME WILLIAMS, RICHARD
STREET ADDRESS 15330 W DIXIE HWY
CITY-ST-ZIP N MIAMI FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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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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

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

Date

Daytime Phone #

FILED
Jul 20, 2001 8:00 am
Secretary of State

05-11-2001 90053 039 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)