

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006460

1. Entity Name

UNITED IN CHRIST OUTREACH MINSTRIES, INC.

Principal Place of Business

2812 TARTARY DR.
TALLAHASSEE FL 32301

Mailing Address

2812 TARTARY DR.
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, KELVIN S
2812 TARTARY DR.
TALLAHASSEE FL 32301

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 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 D ☐ Delete
NAME HOWARD, KELVIN S
STREET ADDRESS 2812 TARTARY DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE P/D ☒ Change ☐ Addition
NAME Howard, Kelvin S.
STREET ADDRESS 2812 Tartary Dr.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☐ Delete
NAME HOWARD, DEBORAH
STREET ADDRESS 2812 TARTARY DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S/D ☒ Change ☐ Addition
NAME Howard, Deborah
STREET ADDRESS 2812 Tartary Dr.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☐ Delete
NAME WIGGINS, AUDRA
STREET ADDRESS 2044 ERMINE DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T/D ☒ Change ☐ Addition
NAME Wiggins, Audra
STREET ADDRESS 2044 Ermine Dr.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☒ Delete
NAME WRIGHT, RONALD
STREET ADDRESS 982 W. BREVARD ST., E-2
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Kelvin S. Howard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 850-877-3610
Date Daytime Phone #

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90013 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)