

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006817

1. Entity Name

EKKLESIA OUTREACH MINISTRIES, INC.

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FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90001 026 ****70.00

Principal Place of Business

Mailing Address

54 ST PAUL BLVD
 YULEE FL 32097

54 ST PAUL BLVD
 YULEE FL 32097-5636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, DERRYL B
 54 ST PAUL BLVD
 YULEE FL 32097

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/S	MELINDA ROBINSON	1111 WILSON NECK RD	YULEE FL 32097	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/IT	ROY ROBINSON	1111 WILSON NECK RD	YULEE, FL 32097	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GARLAND GIBSON	1808 PINE DR	FERNANDINA BEACH, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ERIC JOHNSON	1018 S. 11TH ST	FERNANDINA BEACH, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STEVE THORNTON	1416 S. 14TH ST.	FERNANDINA BEACH, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/IT	DERRYL B JOHNSON	54 ST. PAUL BLVD	YULEE, FL 32097	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

5-1-00

Date

904-225-5693

Daytime Phone #

CR2E037 (9/99)