

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90053 003 ****61.25

DOCUMENT # N99000007486

1. Entity Name

LOVE FELLOWSHIP OUTREACH MINISTRIES, INC.

Principal Place of Business

1401 BALBOA DRIVE
TALLAHASSEE FL 32310
US

Mailing Address

1401 BALBOA DRIVE
TALLAHASSEE FL 32310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3633015

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32305

32305

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

TAYLOR, DARFORD
2813 BOTANY PLACE
TALLAHASSEE FL 32301

Name

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

1401 Balboa Drive

City

Tallahassee

FL

Zip Code

32305

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	PT TAYLOR, DARFORD 2813 BOTANY PLACE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT TAYLOR, CYNTHIA 2813 BOTANY PLACE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENDRICK, ANTHONY J 1371 NW 172ND ST. MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANKARD, ADRIENNE T 2013 WATSON WAY TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1401 Balboa Drive 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1401 Balboa Drive 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1520 Rainbow Road 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Darford L. Taylor 4/8/02

Date

Daytime Phone #

CR2E037 (9/01)