

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007574

1. Entity Name

GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER, WORLDWIDE

Ministries

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 040 ****70.00

Principal Place of Business

1838 SOUTHEAST 8TH AVENUE
OCALA FL 34471

Mailing Address

~~1838 SOUTHEAST 8TH AVENUE~~
~~OCALA FL 34471~~
P.O. Box 5544
OCALA, FL. 34478-5544

2. Principal Place of Business

3. Mailing Address

P.O. Box 5544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL.

4. FEI Number

59-3614631

Applied For

Not Applicable

Zip

Country

Zip

Country

34478-5544

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
PSD
ASKEW, JEFFREY
1838 SOUTHEAST 8TH AVENUE
OCALA FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
ASKEW, LAVERNE
1838 SOUTHEAST 8TH AVENUE
OCALA FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORTON, OZZIE
~~1838 SOUTHEAST 8TH AVENUE~~
OCALA FL ~~34471~~ 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORTON OZZIE
500 S.W. 33 AVE.
OCALA, FL. 34474 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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 of Jeffrey Askew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/2000

352 6202882

CR2E037 (9/99)