## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 20, 2001 8:00 am Secretary of State DOCUMENT # N9900007574 07-20-2001 90003 037 \*\*\*\*70 00 GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER, WORLD-WIDE Ministries Principal Place of Business Mailing Address 4000-GOUTHEAST OTH AVENUE 2 P.O. BOX 5544 eddarabb4 OCALA EL SUPI OCALA FL 34478-5548 2. Principal Place of Business 3. Mailing Address 13524 WEST HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OCALA City & State City & State 4. FEI Number Applied For 59-3614631 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 10 11. Change TITLE ☐ Delete TITLE ASKEW, JEFFREY CK DRIVE NAME NAME 1838 SOUTHEAST 8TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL 34471 ☐ Addition TITLE ☐ Delete TITLE ☐ Change ASKEW, LAVERNE NAME NAME STREET ADDRESS **1838 SOUTHEAST 8TH AVENUE** STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-7IP D TITLE Delete Change ☐ Addition HORTON;:OZZIE ..... NAME STREET ADDRESS 500 S.W. 33 AVE STREET ADDRESS CITY-ST-7IP **OCALA FL 34474** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition-☐ Delete TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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HOWNETERROGEASKEN

☐ Delete

352 620 2882

July 14,200

■ Addition

☐ Change