

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14641

1. Entity Name

WAY OF THE CROSS OUTREACH, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90068 035 ****61.25

Principal Place of Business

Mailing Address

PO BOX 12100
FT. PIERCE FL 34979

PO BOX 12100
FT. PIERCE FL 34979

00092815



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
61-0922741

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

BOWLDS, EDWARD
6907 HERSHEY CIRCLE
PORT ST. LUCIE FL 34983

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 **PD** ☐ Delete
NAME **BOWLDS, EDWARD**
STREET ADDRESS **6907 HERSHEY CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE **STD.** ☐ Delete
NAME **BOWLDS, DOROTHY**
STREET ADDRESS **6907 HERSHEY CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE **VD** ☐ Delete
NAME **NELSON, KENNETH**
STREET ADDRESS **373 SW TULIP**
CITY-ST-ZIP **PORT ST. LUCIE 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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward C Bowlds **Edward C Bowlds**

Date

4/19/2002

Daytime Phone #

CR2E037 (9/01)