

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91455 031 \*\*\*\*61.25

**DOCUMENT # P14641**

1. Entity Name

**WAY OF THE CROSS OUTREACH, INC.**



Principal Place of Business

PO BOX 12100  
FT. PIERCE FL 34979

Mailing Address

PO BOX 12100  
FT. PIERCE FL 34979

2. Principal Place of Business

**6907 NW HERSHY CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address

**6907 NW HERSHY CIRCLE**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Port St. Lucie**

City & State

**Port St. Lucie**

4. FEI Number **61-0922741**

Applied For

Not Applicable

Zip

**34983**

Country

**St Lucie**

Zip

**34983**

Country

**St. Lucie**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOWLDS, EDWARD  
6907 HERSHY CIRCLE  
PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

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

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: **EDWARD BOWLDS** ☐ Delete **President** 4/29/2003 (772) 340-5057

CR2E037 (10/02)