

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91327 004 ***150.00

DOCUMENT # P99000060360

1. Entity Name

Faith Outreach International Ministries inc

Principal Place of Business

Mailing Address

Florida

*848 SW 10th ave npi
Hollandale
Florida 33009*

2. Principal Place of Business

Florida

3. Mailing Address

445 NE 173rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami FL

City & State

North Miami, FL

4. FEI Number

65-093889-

Applied For

Not Applicable

Zip

Country

33162

U.S

Zip

Country

33162

U.S

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0067347

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Edasca Gelly

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

445 NE 173rd St

City

North Miami

FL

Zip Code

33162

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 *Edasca Gelly President Edasca Gelly*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME *P Edasca Gelly*
STREET ADDRESS *445 NE 173rd St*
CITY-ST-ZIP *North Miami FL 33162*

TITLE ☐ Change ☒ Addition
NAME *S Nellis White*
STREET ADDRESS *445 NE 173rd St*
CITY-ST-ZIP *North Miami FL 33162*

TITLE ☐ Delete
NAME *S Edasca Gelly*
STREET ADDRESS *445 NE 173rd St*
CITY-ST-ZIP *North Miami FL 33162*

TITLE ☒ Change ☐ Addition
NAME *T/V Edasca Gelly*
STREET ADDRESS *445 NE 173rd St*
CITY-ST-ZIP *North Miami FL 33162*

TITLE ☒ Delete
NAME *Derrick Scott*
STREET ADDRESS *445 NE 173rd St*
CITY-ST-ZIP *North Miami FL 33162*

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edasca Gelly P Edasca Gelly* 4-23-01 305-655-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)