

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90110 001 *****8.75
05-03-2002 90110 002 ***150.00

DOCUMENT # P99000060360
1. Entity Name **FAITH OUTREACH INTERNATIONAL
MISSIONS INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
445 N.E. 173rd St.
Suite, Apt. #, etc.
City & State **N.M. - FLORIDA**
Zip **33162-1941** Country **DADE FL**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0931889**
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEES \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - EDASCA GELLY 445 N.E. 173rd St. N.M. Fla. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - EVELLE GELLY 445 N.E. 173rd St. N.M. Fla. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - NELLIS WHITE 445 N.E. 173rd St. N.M. Fla. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - EVELLE GELLY 445 N.E. 173rd St. N.M. Fla. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN - DERICK SCOTT 445 N.E. 173rd St. N.M. Fla. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **EDASCA GELLY** *Educa Gelly* **4/16/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)