

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011032

Entity Name: UNIFIED CHRISTIAN OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**5532 DECATUR STREET
ORLANDO, FL 32807**Current Mailing Address:**5532 DECATUR STREET
ORLANDO, FL 32807 US**FEI Number:** 46-1444237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUARLES, VALERIE M
5532 DECATUR STREET
ORLANDO, FL 32807 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	DAVENPORT, RUBY J
Address	5532 DECATUR STREET
City-State-Zip:	ORLANDO FL 32807

Title	ST
Name	JOHNS, EDWINA M
Address	886 VISTA PALMA WAY
City-State-Zip:	ORLANDO FL 32825

Title	TREASURY
Name	LAW, TASHAWNA C.
Address	5532 DECATUR STREET
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	WILLIAMS, EDNA J
Address	886 VISTA PALMA WAY
City-State-Zip:	ORLANDO FL 32825

Title	DIRECTOR
Name	JOSEPH, MARTHA .
Address	7626 PINE FORK DRIVE
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	DAVENPORT, THEORODORE M.
Address	5844 SE 215 ST.
City-State-Zip:	HAWTHORNE FL 32640

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUBY J. DAVENPORT**PRESIDENT****04/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date