2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000001506 Apr 18, 2001 8:00 am **Secretary of State** The Sanctuary of The Lord Deliverance Ministry, Inc. 04-18-2001 90151 001 ****61.25 04-18-2001 90151 002 *****8.75 Principal Place of Business Mailing Address 124 N.E 124h St Boca Raton, Florida 33432 37027 2. Principal Place of Business 3821 N.W 47h Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0991550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 3821 N. W 4th Place Street Address (P.O. Box Number is Not Acceptable) Lauderdale, Florida 33311 City 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 (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. resident ☐ Addition Change TITLE resident Delete TITLE NAME N.W 4th Place STREET ADDRESS STREET ADDRESS uderdale, Horida 33. CITY-ST-7IP <u>oca Roton, Glarida 33432</u> CITY-ST-ZIP ☐ Addition Vice President TITLE ☐ Delete TITLE ☐ Change Darryl Riley NAME NAME 818 Macey's Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ambridge, MD 21613 TITLE ☐ Change ☐ Addition ☐ Detete Treasurer NAME NAME Joyce Opher STREET ADDRESS STREET ADDRESS Lincoln Terrace ambridge, mD 21613 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Director □ Delete TITLE NAME Singleton Riley NAME STREET ADDRESS 818 macey's Lane cambridge MD 21613 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Director ☐ Delete TITLE NAME NAME Alberta Hall 3151 N.W 16th St STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP auderdale, Glorida 33311 Addition Director **Change** TITI F Detete TITLE Legnetta Wright 1086 Long Island Ave. NAME NAME -eanetta Wriaht STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP auderdale Horida 33312 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. 4-4-01 Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR