

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

APPROVED
AND
FILED

02 SEP 24 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001566

1. Entity Name

The Sanctuary of the Lord Deliverance
ministry, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1513 Elberta Drive

3. Mailing Address

1513 Elberta Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Tallahassee FL

Zip

32304

Country

Zip

32304

Country

4. FEI Number

65-0991550

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Annie Hannor

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

1513 Elberta Drive

City

Tallahassee

FL

Zip Code

32304

**DO NOT WRITE
IN THIS SPACE**

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

ANNIE HANNOR President

9-24-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$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	President
NAME	Annie Hannor
STREET ADDRESS	1513 Elberta Drive
CITY-ST-ZIP	Tallahassee Florida 32304-4634
TITLE	Vice President
NAME	Bruce Payne
STREET ADDRESS	1654 N.W. 17th Place
CITY-ST-ZIP	Miami, Florida 33147
TITLE	Alberta Hall
NAME	Executive Director
STREET ADDRESS	3151 N.W. 16th St
CITY-ST-ZIP	Ft Lauderdale Florida 33311
TITLE	Director
NAME	Leannetta Wright
STREET ADDRESS	1086 Long Island Avenue
CITY-ST-ZIP	Ft Lauderdale Florida 33312
TITLE	Treasurer
NAME	Lametrica Brown
STREET ADDRESS	1513 Elberta Drive
CITY-ST-ZIP	Tallahassee Florida 32304
TITLE	Director
NAME	Calvin Hamilton
STREET ADDRESS	1513 Elberta Drive
CITY-ST-ZIP	Tallahassee FL 32304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Annie Hannor - ANNIE HANNOR 9-24-02 850-350-0639

CR2E037B (12/01)