

# 2001 UNIFORM BUSINESS REPORT (UBR)

000-31

DOCUMENT # N00000002278

1. Entity Name

**SPIRIT OF GOD OUTREACH DELIVERANCE MINISTRIES IN**

**FILED**

01 APR 30 AM 11: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1647 N. MARION ST.  
LAKE CITY FL 32055-5

Mailing Address

1647 N. MARION ST.  
LAKE CITY FL 32055-5

2. Principal Place of Business

3. Mailing Address

**P.O. Box 2831**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LAKE CITY, FL**

4. FEL Number

**59-363-8941**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32056**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, TRACEY R  
1647 N. MARION ST.  
LAKE CITY FL 32055-5**

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

**FILE NOW:  
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOE NELSON, ELDER PROPHET</b>	
STREET ADDRESS	<b>1647 N. MARION ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055-5</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRACEY NELSON, EVANGELIST</b>	
STREET ADDRESS	<b>1647 N. MARION ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055-5</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VALORE TAYLOR, MISSIONARY</b>	
STREET ADDRESS	<b>1647 N. MARION ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055-5</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATHALEEN RICHARDSON</b>	
STREET ADDRESS	<b>3217 GREY AVE</b>	
CITY-ST-ZIP	<b>LAKE CITY FLORIDA 32025</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** *Tracey R. Nelson*

**904-758-8760**

CR2E037 (10/00)