


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2003 8:00 A.M.
Secretary of State**

DOCUMENT # N0000002278

1. Entity Name
**SPIRIT OF GOD OUTREACH DELIVERANCE
MINISTRIES INC.**



Principal Place of Business Mailing Address
**625 MARION AVENUE P.O. BOX 2831
 LAKE CITY, FL 32055 LAKE CITY, FL 32056**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent

**NELSON, TRACEY R
415 E. BROWN COURT
LAKE CITY, FL 32025-6**

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOE NELSON, ELDER PROPHET | |
| STREET ADDRESS | 415 E. BROWN ST | |
| CITY-ST-ZIP | LAKE CITY, FL 32025 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TRACEY NELSON, EVANGELIST | |
| STREET ADDRESS | 415 E. BROWN ST | |
| CITY-ST-ZIP | LAKE CITY, FL 32025 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JONE TAYLOR, KANISHA L | |
| STREET ADDRESS | 615 W. THOMPSON ST | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| 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 | Sophia Bell(S) | |
| STREET ADDRESS | 416 S marion st lake city FL 32025 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Willie Lindsay(D) | |
| STREET ADDRESS | Rt 18, box 220 lake city FL 32056 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Theresa Pointe(T) | |
| STREET ADDRESS | PO Box 2831 lake city FL 32055 | |
| 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 _____ **Date** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)