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

## **DOCUMENT # N05439**

1. Entity Name



**FILED** Jan 15, 2003 8:00 am Secretary of State

DELIVERA	ANCE CENTER TABERNACLES	OF FLORIDA, INC.			71-13-2003 30243	004	31.23	
Principal Place of Business 96 SURF DRIVE WINTER MAVEN FL 33890		Mailing Address 96 SURF DRIVE WINTER HAVEN FL 33880		90002297				
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	G CHANGES		
City & State		City & State		4. FEI Number 59-3290626 Applied For Not Applied by				
Zip	Country	Zip	Country	5. Certificate of Stat		\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent			ss of New Registered			
			Name	Name .				
96 SURF		,	Street Address	s (P.O. Box Number is No	t Acceptable)			
WINTER HAVEN FL 33880			City			7:- 0-4		
			City		FL	Zip Cod	e	
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor				\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10. :	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	I 10	
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	PD PEARCE, EVETTE 96 SURF DRIVE WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM, LANELL MISSISPPI AVE LEESBURG FL 33882	Delete	TITLE , NAME STREET ADDRESS GITY-ST-ZIP	and the same of the same	and particularly and	Change .	. 🗆 Addition   8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTHA, LANEY MISSIPPI AVE LEESBURG FL 33882	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		` Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

12. I hereby certify that the information supplied with this filling 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: & LIGHTANDE

-13-03

813-324-2601