

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90027 028 \*\*\*\*70.00

**DOCUMENT # N26026**

1. Entity Name

**FAITH ASSEMBLY CHURCH OF DELIVERANCE, INC.**

Principal Place of Business

**761 NW 17 COURT  
 PO BOX 1803  
 POMPANO BCH FL 33061**

Mailing Address

**761 NW 17 COURT  
 PO BOX 1803  
 POMPANO BCH FL 33061**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0047550**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATKINS, INEZ  
 1720 NW SECOND AVENUE  
 POMPANO BEACH FL 33060**

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 **P** ☐ Delete  
 NAME **BELL, MARK**  
 STREET ADDRESS **761 NW 17 COURT**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **BOYD, CORINE**  
 STREET ADDRESS **5520 CYPRESS RD**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **BELL, KATHERINE**  
 STREET ADDRESS **761 NW 17TH CT**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BACON, EARL**  
 STREET ADDRESS **150 NE 7TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CARSON, SALLIE**  
 STREET ADDRESS **5611 N.W. 15TH ST. APT 1**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☒ Change ☐ Addition  
 NAME **Johnnie Mae Robinson**  
 STREET ADDRESS **2796 NW 2nd Street**  
 CITY-ST-ZIP **Pompano Beach, Fla. 33069**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Mark Bell** **RE Mark Bell** **president** **4-25-02** **954-945-7291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)