

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90140 021 \*\*\*\*61.25

**DOCUMENT # N96000000755**

1. Entity Name

**THE DELIVERANCE OUTREACH MINISTRIES, INC.**

Principal Place of Business

1508 AVENUE K  
 FORT PIERCE FL 34950

Mailing Address

1508 AVENUE K  
 FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0638450**

Applied For

Not Applicable

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

**MCCLAIN, CHARLES N**  
**1508 AVENUE K**  
**FORT PIERCE FL 34950**

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	PD	<input type="checkbox"/> Delete
NAME	MCCLAIN, CHARLES N	
STREET ADDRESS	1508 AVENUE K	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENYON, LUKELL	
STREET ADDRESS	2004 VALENCIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLAIN, LUGENIA	
STREET ADDRESS	1508 AVENUE K	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENYON, ELOUISE	
STREET ADDRESS	2004 VALENCIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	S	<input type="checkbox"/> Delete
NAME	OVEDA, LANE	
STREET ADDRESS	2211 NT 41 ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, DELOISE	
STREET ADDRESS	2700 WILDWOOD LANE	
CITY-ST-ZIP	FORT PIERCE FL 34950	

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
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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:** *Charles N. McClain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-11-00*

Date

*595-9379*

Daytime Phone #

CR2E037 (9/99)