

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 022 ****61.25

DOCUMENT # N99000001665

1. Entity Name
COUNT IT ALL JOY CHURCH OF DELIVERANCE, INC.

Principal Place of Business 122 N. MAIN AVE. CLEARWATER FL 33764	Mailing Address 122 N. MAIN AVE. CLEARWATER FL 33765-3222
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3563557		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BENNETT, CHRISTOPHER 200 LAKE STARCREST DR., APT. 175 CLEARWATER FL 33764				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 _____ (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 TRUSTEE	NAME Rosemary Gurney	<input type="checkbox"/> Delete	TITLE TRUSTEE - Chairperson - Direct	NAME Rosemary Gurney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLW FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE Trustee - Vice Director	NAME PATRICIA Dees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLW FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE Phyllis - Farley - TRUSTEE	NAME Phyllis - Farley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE TRUSTEE -	NAME MARGIE MILLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLW FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE PASTOR, Christopher R Bennett	NAME Christopher R Bennett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete	TITLE Sheron Collins - TRUSTEE	NAME Sheron Collins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	122 N MAIN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER FL 33764	

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 # _____

CRE037 (9/99)