

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90047 005 ****61.25

UBR152

DOCUMENT # N99000006966

1. Entity Name
HOLY SANCTUARY OF DELIVERANCE, INC.

Principal Place of Business Mailing Address
2525 13TH AVENUE EAST **2525 13TH AVENUE EAST**
BRADENTON FL 34208 **BRADENTON FL 34208**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0774161** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KENDALL, JACQUELINE
2525 13TH AVENUE EAST
BRADENTON FL 34208

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SMALLS, HENRY LEE	<input type="checkbox"/> Delete
STREET ADDRESS	735 27TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE NAME	APD Lucia JOSEPH, LUCILLE	<input type="checkbox"/> Delete
STREET ADDRESS	955 53RD STREET EAST., #526	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE NAME	TD GASKIN, ANNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2210 13TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	ST SIMMONS, LAKEICHA K	<input type="checkbox"/> Delete
STREET ADDRESS	1408 20TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Lillie Evans	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	519 29th St East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Henry L. Smalls* Date: **Jan 28, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)