


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90347 027 ****61.25

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMALLS, HENRY LEE	
STREET ADDRESS	735 27TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	APD	<input type="checkbox"/> Delete
NAME	JOSEPH, LUCILLE L	
STREET ADDRESS	955 53RD STREET EAST, #526	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, LILLIE	
STREET ADDRESS	519 29TH ST. EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIMMONS, LAKEICHA K	
STREET ADDRESS	1408 20TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LUCIA L JOSEPH APD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	825 58th AVE E	
CITY-ST-ZIP	BRADENTON FL 34203	
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
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: *SIGNATURE REQUIRED* 1/6/03 9417481191

CR2E037 (10/02)