

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19498

1. Entity Name

EMMANUEL DELIVERANCE CHURCH OF GOD, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90029 006 ****70.00

Principal Place of Business

1309 GEORGIA AVENUE
WEST PALM BEACH FL 33401

Mailing Address

1309 GEORGIA AVENUE
WEST PALM BEACH FL 33401-6629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0218632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCELLE, NORBERT S JR
1600 39TH ST.
WEST PALM BEACH FL 33407

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 ☐ Delete
NAME MARCELLE, NORBERT S JR
STREET ADDRESS 1600 39TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE VD ☐ Delete
NAME MARCELLE, BEATRICE
STREET ADDRESS 1600 39TH ST
CITY-ST-ZIP W PALM BEACH FL 33407

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

TITLE S ☐ Delete
NAME DEBRA CONEY
STREET ADDRESS 225 N. D STREET
CITY-ST-ZIP LAKE WORTH FL

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

TITLE T ☐ Delete
NAME GARY CONEY
STREET ADDRESS 225 N. D STREET
CITY-ST-ZIP LAKE WORTH FL

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

TITLE D ☐ Delete
NAME PAULETTE SIMMONS
STREET ADDRESS 3901 36TH COURT #209A
CITY-ST-ZIP WEST PALM BCH FL

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

TITLE D ☐ Delete
NAME KIM MARCELLE
STREET ADDRESS P.O. BOX 826
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ Change ☐ Addition
NAME Kimberly Egbulonu
STREET ADDRESS 1600 39th Street
CITY-ST-ZIP West Palm Beach, FL 33407

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 an address, with an address.

SIGNATURE:

Kim Marcelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2000 (561) 832-5145

CR2E037 (9/99)