

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90190 044 \*\*\*\*61.25

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No Name change Filed

1. Entity Name

THE NEW COVENANT DELIVERANCE OUTREACH, INC.

New Covenant Praise & Worship Ministries, Inc (TM)

Principal Place of Business

Mailing Address

1700 NW 8TH ST  
FORT LAUDERDALE FL 33311

PO BOX 1779  
LAUDERDALE LAKES FL 33302

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

65-0315515

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

ORR, LIVINGSTON PASTOR  
2891 NW 14TH ST  
FORT LAUDERDALE FL 33311

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	ORR, LIVINGSTON	
STREET ADDRESS	2891 NW 14TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORR, SAMUEL	
STREET ADDRESS	871 NW 213 TERRACE, #103	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGHAM, JOHN	
STREET ADDRESS	525 NW 2ND AVE #107	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GORDON, LUCILLE	
STREET ADDRESS	3490 NW 28TH COURT	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, SHARON	
STREET ADDRESS	5933 NW 23RD ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Associate Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Orr	
STREET ADDRESS	871 NW 213 Ter #103	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	Minister	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albertine Porter	
STREET ADDRESS	2791 NW 11st Apt 1	
CITY-ST-ZIP	FL. Lauderdale FL 33311	
TITLE	Nakastie ORR (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2891 NW 14st	
CITY-ST-ZIP	FL. Lauderdale FL 33311	
TITLE	Rose Reid (Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1501 NW 24Ave	
CITY-ST-ZIP	FL. Lauderdale FL 33311	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

954-485-3870

Daytime Phone #

CR2E037 (9/01)