

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90067 001 \*\*\*\*61.25  
 09-11-2002 90067 002 \*\*\*\*8.75

**DOCUMENT # N01000007289**

1. Entity Name

**SET FREE DELIVERANCE MINISTRY, INC.**

Principal Place of Business

Mailing Address

5755 MARY LANE  
 WEST PALM BEACH FL 33401

5755 MARY LANE  
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

**Set FREE D.M. Inc. 409 Cypress Dr.**  
 Suite, Apt. #, etc.  
**409 Cypress Dr.**

Suite, Apt. #, etc.

City & State  
**LAKE PARK, FL**

City & State

**LAKE PARK, FL**

Zip  
**33403**

Country

**P.B. County**

Zip

**33403**

Country

**P.B. County**



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

**GARMAN, GUY**  
**3801 S OCEAN DR 4Z**  
**HOLLYWOOD FL 33019**

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNNAWAY, BARBARA J</b> <b>5755 MARY LANE</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, FREDRICK</b> <b>5520 HAVERHILL RD N</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNNAWAY, LATOYA</b> <b>1129 LAKE VICTORIA DR #D</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BARBARA J DUNNAWAY** September 9, 2002

561-541-6423

CR2E037 (4/02)