

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

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-30-2004 90236 029 ****70.00

DOCUMENT # 198000003053
1. Entity Name
Morning & Long House of Prayer
Deliverance Ministries Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1905 W. 15th
Suite, Apt. #, etc.

3. Mailing Address
2325 McQuade St.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jax FL

Zip
32209

Country
Duval

Zip
32209

Country
Duval

4. FEI Number
59-3505875

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Linda Webb

Street Address (P.O. Box Number is Not Acceptable)
2325 McQuade St

City
Jacksonville

FL Zip Code
32209

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 Linda Webb DATE 4/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P Webb, Linda</u> <u>2325 McQuade</u> <u>JACKSONVILLE, FL 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Farmer, Alecia</u> <u>5010 Westchase Apt 2</u> <u>JAX FL 32210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Trotley, Sandra</u> <u>644 Barber Lane</u> <u>Jacksonville, FL 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Webb, Joseph</u> <u>6455 Argyle Forrest Nppt 855</u> <u>JAX FL 32244</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Wiggins, Marilee</u> <u>2325 McQuade St.</u> <u>JAX FL 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Wiggins, William</u> <u>10388 Woodley Creek West</u> <u>JAX FL 32219</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 647, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Webb DATE 4/25/04 DAYTIME PHONE # 904-374-5043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)