# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002736

Entity Name: UNSPEAKABLE JOY OUTREACH DELIVERANCE MINISTRY INC

**FILED** Mar 19, 2015 **Secretary of State** CC6846578640

### **Current Principal Place of Business:**

655 SW 2ND ST

LAKE BLUTER. FL 32054

# **Current Mailing Address:**

1440 SE 41ST PLACE

GAINESVILLE, FL 32641 US

FEI Number: 80-0933306 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

HALE, JERMAINE E 1440 SE 41ST PLACE GAINESVILLE, FL 32641 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title **TREASURER** 

PEOPLES, CARL L MASON, DAVID L JR Name Name Address 1440 SE 41ST PL 4000 SW 23RD ST Address

City-State-Zip: GAINESVILLE FL 32608 GAINESVILLE FL 32641 City-State-Zip:

Title **PASTOR** Title **SECRETARY** 

Name HALE, JERMAINE E Name BOSTICK, SERENA 1440 SE 41ST PLACE Address Address 3867 NORTHEAST 210TH COURT GAINESVILLE FL 32641 City-State-Zip:

Title VC

City-State-Zip:

Name BEDFORD, SHARON B 1440 SE 41ST PL Address

WILLISTON FL 32696

City-State-Zip: GAINESVILLE FL 32641

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERMAINE HALE **PASTOR** 

Electronic Signature of Signing Officer/Director Detail

03/19/2015

Date