2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90130 035 ****61.25

0033479

DOCUMENT # 704989

1. Entity Name

MOUNT NEBO FAITH DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
4631 S.W. 26TH STREET HOLLYWOOD FL 33023	4141 SW 28 ST HOLLYWOOD FL 33023 US

DO NOT WRITE IN THIS SPACE

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 59-3234479 ☐ 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
MCDONALD, CALVIN K 4141 S.W. 28TH STREET HOLLYWOOD FL 33023	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDONALD, CALVIN K 4141 S.W. 28TH STREET HOLLYWOOD FL 33023	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCDONALD, RUTHIE B 4141 S.W. 28TH STREET HOLLYWOOD FL 33023	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIKE, WILLIE MAE 4631 S.W. 26TH STREET HOLLYWOOD FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP MIKE, Willie MAE 3416 Hibiscus Place MIRAMAR FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWN, BETTY 4402 S.W. 28TH STREET HOLLYWOOD FL 33023	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JOHN 3820 S.W. 25TH STREET HOLLYWOOD FL 33023	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ETHEL CUMMINGS 1610 S. 29 AVE Hollywood, FL 33020	☐ Change ☒ Addition

CR2E037 (10/00)

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: Calvin K. McDonald CALVIN K. McDONALD 3/22/01 954-981-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #