

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-08-2000 90059 035 ****61.25

DOCUMENT # 720942

1. Entity Name

FAITH OF DELIVERANCE CHURCH, HOUSE OF PRAISE, IN

Principal Place of Business

Mailing Address

2955 GOODRICH AVE
 P.O. BOX 2732
 SARASOTA FL 34230
 US

2955 GOODRICH AVE
 P.O. BOX 2732
 SARASOTA FLA 34230-2732

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

65-0058900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, IRA
2955 GOODRICH AVE
SARASOTA FL 34234

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	SD	<input checked="" type="checkbox"/> Delete
NAME	MOSLEY, EARNESTINE M	
STREET ADDRESS	6138 BAYWOOD DR	
CITY-ST-ZIP	VALDOSTA GA 31606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JENKINS, IRA	
STREET ADDRESS	2955 GOODRICH AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, BETTY	
STREET ADDRESS	2955 GOODRICH AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALONZO	
STREET ADDRESS	2207 18TH ST COURT EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARY JOHNSON	
STREET ADDRESS	RE 5, BOX 6784	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BAKER	
STREET ADDRESS	995 VIRGINIA AVE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

ROSEMARY JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00 850-973-4875

Date

Daytime Phone #

CR2E037 (9/99)