

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90013 042 \*\*\*\*61.25

**DOCUMENT # 720942**

1. Entity Name  
**FAITH OF DELIVERANCE CHURCH, HOUSE OF PRAISE, IN**

Principal Place of Business <b>2955 GOODRICH AVE          P.O. BOX 2732          SARASOTA FL 34230          US</b>	Mailing Address <b>2955 GOODRICH AVE          P.O. BOX 2732          SARASOTA FL 34230</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **65-0058900**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, IRA  
 2955 GOODRICH AVE  
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

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: *Denise Jenkins* DATE: *2/23/01*

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

**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

TITLE NAME SD JOHNSON, ROSEMARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS RT. 5 BOX 6784	
CITY-ST-ZIP MADISON FL 32340	
TITLE NAME PD JENKINS, IRA	<input type="checkbox"/> Delete
STREET ADDRESS 2955 GOODRICH AVE	
CITY-ST-ZIP SARASOTA, FL 00000	
TITLE NAME T JENKINS, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS 2955 GOODRICH AVE	
CITY-ST-ZIP SARASOTA, FL 00000	
TITLE NAME VD BAKER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 995 VIRGINIA AVE.	
CITY-ST-ZIP SARASOTA FL 34234	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME GATLIN, WANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1731 LARGO CIRCLE	
CITY-ST-ZIP VALDOSTA, GA. 31602	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Denise Jenkins* DATE: *2/23/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)