

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 014 *****75.00

| | | | | | |
|---|------------------------------|---|---|---|--|
| DOCUMENT # 722289 1. Entity Name UNITED HOLINESS CHURCH OF CHRIST DELIVERANCE CENTER, INC. | | | | | |
| Principal Place of Business 1642 NW 3RD ST. OCALA, FL 34475 US | | | | Mailing Address 2748 NW 90TH STREET OCALA, FL 34475 US | |
| 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 59-2544199 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WILKERSON, GRANT JR. 2748 N.W. 90TH ST OCALA, FL 34475 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILKERSON, GRANT JR. | | NAME | | |
| STREET ADDRESS | 2748 NW 90TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILKERSON, JOSEPHINE | | NAME | | |
| STREET ADDRESS | 2748 NW 90TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JENKINS, DELIA | | NAME | | |
| STREET ADDRESS | 3561 GAINESVILLE RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOCK, LENA MAE | | NAME | D MACK, Lena Mae | |
| STREET ADDRESS | 2659 S.W. 117TH CT. | | STREET ADDRESS | 2659 SW 117th Ct | |
| CITY-ST-ZIP | OCALA, FL | | CITY-ST-ZIP | OCALA FL. | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLINS, W. SYLVIA | | NAME | | |
| STREET ADDRESS | 13210 NE 30 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARR, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILKERSON, RUSSELL K. | | NAME | | |
| STREET ADDRESS | 2400 NEW 37TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL | | 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: <i>Grant Wilkerson Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/26/05 352 622-8451 <small>Date Daytime Phone #</small> | | |

Grant Wilkerson Jr.

ATTACHMENT



Division of Corporations

40042487

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

| | |
|---|---|
| This information cannot be changed on the report. | |
| Document Number | 722289 |
| Business Entity Name | UNITED HOLINESS CHURCH OF CHRIST DELIVERANCE CENTER, INC. |
| Original File Date | 12/17/1971 |

FEI Number 59-2544199
Principal Address 1642 NW 3RD ST.
OCALA, FL 34475 US
Mailing Address 2748 NW 90TH STREET
OCALA, FL 34475 US
Registered Agent WILKERSON, GRANT JR.
2748 N.W. 90TH ST
OCALA, FL 34475

Officer/Director Name And Address

P
WILKERSON, GRANT JR.
2748 NW 90TH STREET
OCALA, FL

V
WILKERSON, JOSEPHINE
2748 NW 90TH STREET
OCALA, FL

DT
JENKINS, DELIA
3561 GAINESVILLE, RD.
OCALA, FL

Mack → D
MOCK, LENA MAE
2659 S.W. 117TH CT.
OCALA, FL

Please Change to the
Correct Spelling
of last Name
Thanks