

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90119 032 ****70.00

DOCUMENT # 726903

1. Entity Name

CHURCH OF GOD DELIVERER, INC.



Principal Place of Business

% WILLIE MAE GREEN
1902 N.W. 26TH AVENUE
OCALA FL 34475-805
US

Mailing Address

% WILLIE MAE GREEN
1902 N.W. 26TH AVENUE
OCALA FL 34475-805
US

2. Principal Place of Business

702 NE 27th Street

3. Mailing Address

702 NE 27th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala Florida

Zip

34470

Country

United States

Zip

34470

Country

United States

4. FEI Number **26-4208642**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, WILLIE MAE
1902 N.W. 26TH AVENUE
OCALA FL 32670**

7. Name and Address of New Registered Agent

Name **Dr. Marcia Roberson**

Street Address (P.O. Box Number is Not Acceptable)

702 NE 27th Street

City

Ocala

FL

Zip Code

34470

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 **Dr. Marcia Roberson / Dr. Marcia Roberson, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, WILLIE MAE	
STREET ADDRESS	1902 N.W. 26TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, BETTYE	
STREET ADDRESS	1902 NW 26TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, MARCIA	
STREET ADDRESS	1902 N.W. 26TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAND, MARY	
STREET ADDRESS	1835 NW 27TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Marcia L. Roberson	
STREET ADDRESS	702 NE 27th Street	
CITY-ST-ZIP	Ocala Fla 34470	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grady Stafford	
STREET ADDRESS	4604 NE 21st Court	
CITY-ST-ZIP	Ocala, Fla. 34479	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Roberson	
STREET ADDRESS	2801 SW 137 Place	
CITY-ST-ZIP	Ocala, Fla 34473	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Craft	
STREET ADDRESS	2901 NW 90th Street	
CITY-ST-ZIP	Ocala, Fla. 34475	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lonnie Brown	
STREET ADDRESS	38 Hicklock Radial Loop	
CITY-ST-ZIP	Ocala, Fla. 34472	
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 **Dr. Marcia Roberson / Dr. Marcia Roberson, President** **1/16/03** **(352) 368-7047**

CR2E037 (10/02)