

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732283

1. Entity Name

THE HOLY UNION CHURCH OF DELIVERENCE, INC.

Principal Place of Business

C/O BISHOP DAVID EASON
3895 NW 183 STREET
OPA LOCKA FL 33055-2826

Mailing Address

C/O BISHOP DAVID EASON
3895 NW 183 STREET
OPA LOCKA FL 33055-2826

2. Principal Place of Business

1244 Ali Baba
Suite, Apt. #, etc.

3. Mailing Address

16320 NW 17th Ct
Suite, Apt. #, etc.

City & State

Opa Locka

City & State

Opa Locka

Zip

33054

Country

US

Zip

33054

Country

US

6. Name and Address of Current Registered Agent

EASON, WONDERA
16690 N. W. 75 AVE.
MIAMI LAKES FL 33015

REINSTATEMENT

4. FEI Number

59-1662900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Regina Eason
Street Address (P.O. Box Number is Not Acceptable)
16320 NW 17th Ct
City Miami FL Zip Code 33054

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 Regina Eason

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

Regina Eason

(NOTE: Registered Agent signature required when reinstating)

9/1/2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	EASON, DAVID BISHOP	
STREET ADDRESS	3895 NW 183RD STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EASON, ALBERTA	
STREET ADDRESS	3895 NW 183RD STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EASON, CHARLIE O	
STREET ADDRESS	16425 N.W. 38 PLACE	
CITY-ST-ZIP	OPA-LOCKA FL 33055	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, MARY	
STREET ADDRESS	800 N.W. 13TH AVE., APT 419	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EASON, JR., DAVID	
STREET ADDRESS	1491 NW 135 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WADE, ALBERTA	
STREET ADDRESS	1020 OPA LOCKA BLVD.	
CITY-ST-ZIP	OPA LOCKA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eason David, Bishop	
STREET ADDRESS	1244 Ali Baba	
CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regina Eason	
STREET ADDRESS	16320 NW 17th Ct	
CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003427874--3	
CITY-ST-ZIP	-10/17/00--01070--014	
	****245.00 ****245.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Regina Eason REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/2000 305 623 4822

Date

Daytime Phone #

CR2E037 (5/00)

KE