

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 013 ****70.00

DOCUMENT # 732283

1. Entity Name

THE HOLY UNION CHURCH OF DELIVERENCE, INC.



Principal Place of Business

**1244 ALIBABA
OPA LOCKA FL 33055**

Mailing Address

**16320 N.W. 17 COURT
OPA LOCKA FL 33055**

2. Principal Place of Business

1244 Alibaba Ave.
Suite, Apt. #, etc.

3. Mailing Address

16425 N.W. 38th PL
Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL.

City & State

MIAMI, FL.

4. FEI Number **59-1662900**

Applied For

Not Applicable

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

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6. Name and Address of Current Registered Agent

**EASON, WONDERA V
17405 NW 75TH PL
VILLA 208
PALM SPRING NORTH FL 33015**

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

Wondera V. Eason, Wondera V. Eason 4/25/23

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	EASON, DAVID BISHOP	<input type="checkbox"/> Delete
STREET ADDRESS	2508 SUPERIOR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	EASON, REGINA	<input type="checkbox"/> Delete
STREET ADDRESS	2508 SUPERIOR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	WADE, ALBERTA	<input type="checkbox"/> Delete
STREET ADDRESS	16425 NW 38TH PL	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE NAME	EASON, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	3895 NW 183 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	EASON, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS	3895 NW 183 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	EASON, WONDERA	<input type="checkbox"/> Delete
STREET ADDRESS	17405 NW 75TH PL	
CITY-ST-ZIP	PALM SPRING NORTH FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Wondera V. Eason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #