

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735904

1. Entity Name

PENTECOSTAL DELIVERENCE HOUSE OF PRAYER FOR ALL

Principal Place of Business

409 CHEROKEE STREET  
JACKSONVILLE FL 32205

Mailing Address

409 CHEROKEE STREET  
JACKSONVILLE FL 32205

2. Principal Place of Business

409 Cherokee St.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1317033

Applied For

Not Applicable

Zip

32254

Country

FLA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, EARLIE MAE  
8547 HOWELL DRIVE  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name: EARLIE MAE MACK  
Street Address (P.O. Box Number is Not Acceptable): 8547 HOWELL DR.  
City: JACKSONVILLE FL Zip Code: 32208

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: EARLIE MAE MACK Date: 9/12/00  
(NOTE: Registered Agent signature required when reinstating)

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	CLEMENTS, JAMES	
STREET ADDRESS	3736 CLYDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YORKER, BETTY	
STREET ADDRESS	4724 MARLBORO CIR EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWAIN, JESSE	
STREET ADDRESS	2616 VERNON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CHARLIE	
STREET ADDRESS	1350 CAUSEY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EARLIE MAE MACK	<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, JAMES	
STREET ADDRESS	10390 BONNELLY DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SWAIN JESSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9808 WAYNE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EARLIE M. MACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8547 Howell Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
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: [Signature] Date: 9/12/00 Daytime Phone #: 9047664086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

FILED  
Sep 14, 2000 8:00 am  
Secretary of State  
09-14-2000 90012 009 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE