

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90053 031 ****61.25

DOCUMENT # 735904

1. Entity Name

PENTECOSTAL DELIVERENCE HOUSE OF PRAYER FOR ALL

Principal Place of Business

**409 CHEROKEE STREET
 JACKSONVILLE FL 32254**

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 **DAVAK**

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

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.

SIGNATURE

Earlie Mae Mack, EARLIE MAE MACK **4/17/01**
 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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PD CLEMENTS, JAMES**
 STREET ADDRESS **3736 CLYDE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME **STD YORKER, BETTY**
 STREET ADDRESS **4724 MARLBORO CIR EAST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME **P SWAIN, JESSE**
 STREET ADDRESS **2616 VERNON STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME **D JONES, CHARLIE**
 STREET ADDRESS **1350 CAUSEY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **10890 BONNERLY DR.**
 CITY-ST-ZIP **SAX. FL.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **9808 WAXNS BORO**
 CITY-ST-ZIP **SAX. FL. 32208**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Betty Yorker** **4/17/01** **9047664086**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

0013332

CR2E037 (10/00)