(9/01)

CR2E037

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # **740070** 1. Entity Name JESUS SUPERNATURAL DELIVERANCE CHURCH, INC. 04-11-2002 90711 025 ****61.25 Principal Place of Business Mailing Address 700 NW 21ST AVENUE P O BOX 118 POMPANO BEACH FL 33069-2439 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address O. BOX 666843 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1776103 POMPANO BCH Not Applicable FLORIDA Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33066 BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MASTEN, GEORGE W 2430 N PINE ISLAND ROAD SUNRISE FL 33322-3268 Zip Code City 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 Signature, typed or printed name of registered agent and fitte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **★** Addition SECRETARY JACOBS, LOVEIST NAME NAME MYRTICE JACKSON STREET ADDRESS 1548 N.W. 15TH AVE. STREET ADDRESS 820 N.W170TH TERR CITY-ST-7IE FT LAUDERDALE FL 33101 CITY-ST-ZIP MIAMI, FLORIDA 33169 ☐ Addition TITLE ☐ Delete TITLE ☐ Change MASTEN, GEORGE W NAME 2430 N. PINE ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 PD TITLE ☐ Delete TITLE Change Addition DAVIS, HERBERT NAME NAME STREET ADDRESS 1524 N.W. 2ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 XX Change ☐ Addition TITLE TITLE XXXXXX BRENDA W. MASTEN GRAHAM, BRENDA NAME NAME 2999 NW 6TH CT STREET ADDRESS STREET ADDRESS 2430 N. PINE ISLAND ROAD FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP SUNRISE, FLORISA 33322 Change TITLE ☐ Delete TITLE ☐ Addition CRAWFORD, TERRY NAME CRAWFORD, TERRY STREET ADDRESS 2322 NW 6TH COURT STREET ADDRESS 2822 NW 552ND CT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TAMARAC, FL 33309 ☐ Addition TITLE **K**WWX TITLE ☐ Change MCLARMORE, GRAY NAME NAME STREET ADDRESS 4150 WOODSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL

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 suppliemental 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THED OR PRINTED NAME OF SIGNING FOR DIRECTOR.

Date

Dayline Phone #