

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740148

1. Entity Name

HOLY DELIVERANCE TEMPLE OF GOD APOSTOLIC, INC.

Principal Place of Business

Mailing Address

1818 MOSELEY STREET
JACKSONVILLE FL 32207
US

P.O. BOX 2882
JACKSONVILLE FL 32203-2882
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2952214

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRACLE TEMPLE CHURCH OF JESUS CHRIST
1818 MOSLEY STREET
P.O. BOX 2882
JACKSONVILLE FL 32203

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete
NAME WILLIAMS, LA CON
STREET ADDRESS 1818 MOSELEY ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE SD ☐ Delete
NAME STROMING, GLORIA
STREET ADDRESS 1818 MOSELEY ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE DP ☐ Delete
NAME MYRICKS, REV CLEO B
STREET ADDRESS 1818 MOSELEY ST.
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE ☐ Delete
NAME ALPHONSO, POLITE
STREET ADDRESS 1818 MOSELEY ST
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

CLEO MYRICKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90007 045 ****70.00



DO NOT WRITE IN THIS SPACE