

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746885

1. Entity Name

THE NEW BORN HOUSE OF THE LORD JESUS DELIVERANCE

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 027 ****70.00

Principal Place of Business

Mailing Address

1873 E 24TH STREET
 JACKSONVILLE FL 32206
 US

1873 E 24TH STREET
 JACKSONVILLE FL 32206-2621
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3188510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASH, CAROLYN
 8737 6TH AVE
 JACKSONVILLE FL 32208

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 VPD ☐ Delete
 NAME CASH, CAROLYN
 STREET ADDRESS 8737 6TH AVE
 CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE D ☐ Delete
 NAME MCKNIGHT, NAPOLEON
 STREET ADDRESS 5461 WOODWIND TERRACE
 CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE PD ☐ Delete
 NAME GIVENS, RICHARD
 STREET ADDRESS 7134 KEN KNIGHT DR. W.
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☒ Change ☐ Addition
 NAME Givens, Richard TD
 STREET ADDRESS 7134 Ken Knight Dr.
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BAILEY, LAVENIA D
 STREET ADDRESS 7 WEST 18TH STREET
 CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE TD ☐ Delete
 NAME PORTER, JOHN
 STREET ADDRESS 13004 KOLMON COURT
 CITY-ST-ZIP DALE CITY VA 22193

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS Porter, John
 CITY-ST-ZIP 13004 Kolmon Ct
 Dale City VA 22193

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)