

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746885

1. Entity Name

THE NEW BORN HOUSE OF THE LORD JESUS DELIVERANCE

Principal Place of Business

1873 E 24TH STREET  
JACKSONVILLE FL 32206  
US

Mailing Address

1873 E 24TH STREET  
JACKSONVILLE FL 32206  
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

59-3188510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASH, CAROLYN  
8737 6TH AVE  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name: Delores C. Williams  
Street Address (P.O. Box Number is Not Acceptable): 2954 Tall Pine Ln. W. #6  
Jacksonville, FL 32227  
City: Jacksonville, FL Zip Code: FL

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: Delores C. Williams Date: 09-10-01  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
After September 12, 2001, 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	CASH, CAROLYN	
STREET ADDRESS	8737 6TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, NAPOLEON	
STREET ADDRESS	5461 WOODWIND TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GIVENS, RICHARD	
STREET ADDRESS	7134 KEN KNIGHT DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, LAVENIA D	
STREET ADDRESS	7 WEST 18TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTER, JOHN	
STREET ADDRESS	13004 KOLMON COURT	
CITY-ST-ZIP	DALE CITY VA 22193	
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	Givens, Richard	
STREET ADDRESS	21341 Ken Knight Dr. W.	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores C. Williams	
STREET ADDRESS	2954 Tall Pine Ln. W. #6	
CITY-ST-ZIP	Jacksonville, FL 32227	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cash, Carolyn	
STREET ADDRESS	8737 6th Ave	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cash, Carolyn	
STREET ADDRESS	8737 6th Ave	
CITY-ST-ZIP	Jacksonville FL 32208	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porter, John	
STREET ADDRESS	13004 Kolmon Court	
CITY-ST-ZIP	Dale City Va. 22193	
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.

FILED  
Sep 20, 2001 8:00 am  
Secretary of State

09-20-2001 90001 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)