

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAR 28 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755072

1. Entity Name
Good Shepherd Deliverance
Temple clnc.

Principal Place of Business
4960 Capital Circle
Southwest
Tallahassee FL 32310

Mailing Address
P.O. Box 1017
Vidalia GA
30474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jessie C Murray
4960 Capital Circle Southwest
Tallahassee FL
32310

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 **PO**
NAME **Apostle J.C. Murray** Delete
STREET ADDRESS **4960 Capital Circle S. W.**
CITY-ST-ZIP **Tallahassee FL 32310**

Change Addition

TITLE **UP**
NAME **Kimberly C Murray** Delete
STREET ADDRESS **P.O. 1017**
CITY-ST-ZIP **Vidalia GA 30474**

Change Addition
500003924165--3
-03/28/01--01078--001
*******61.25 *****61.25**

TITLE **D**
NAME **Katisha Salem** Delete
STREET ADDRESS **601 Peachtree St.**
CITY-ST-ZIP **Vidalia GA 30474**

Change Addition

TITLE **ST**
NAME **Barbara M Salem** Delete
STREET ADDRESS **P.O. Box 1017**
CITY-ST-ZIP **Vidalia GA 30474**

Change Addition

TITLE **D**
NAME **Jessie C. JR Murray** Delete
STREET ADDRESS **P.O. Box 1017**
CITY-ST-ZIP **Vidalia GA 30474**

Change Addition

TITLE **C/D**
NAME **Ray Bennett** Delete
STREET ADDRESS **509 Northwest St.**
CITY-ST-ZIP **Vidalia GA**

Change Addition
JW 3/28

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)