

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 14 PM 1:43

DOCUMENT # 755072
1. Entity Name
The God Shepherd Deliverance Temple
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4960 Capital Circle Suite, Apt. #, etc. South West City & State Tallahassee, FL Zip 32310 Country Leon	3. Mailing Address 1017 P.O. Box Suite, Apt. #, etc. City & State Vidalia, Ga. Zip 30474 Country
--	---

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name J.C. Murray	
Street Ad 4960 Capital Circle SW	
Ct Tallahassee, FL	Zip Code 32310

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS		
TITLE President/Apostle/D NAME Jessie C. Murray STREET ADDRESS 601 Peachtree St CITY-ST-ZIP Vidalia, Ga. 30474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN0014410880 03/20/03--01047--018 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP V-President/P Kimberley C. Murray 601 Peachtree St Vidalia, Ga. 30474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer/D Cakina C. Bryant 30474 509 N. St. West Vidalia, Ga.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/D Barbara M. Sakin 1765 Jeff Webber Rd. Lyons, Ga.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Jessie C. Murray Jr. 32310 4960 Capital Circle S. West	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Chairman/D Reggie Dorsey 30474 601 B Peachtree St. Vidalia Ga.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Apostle J.C. Murray President 3-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)