

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90047 043 \*\*\*\*61.25

**DOCUMENT # 761180**

1. Entity Name

**THE JESUS CHURCH OF DELIVERANCE OF THE APOSTOLIC**

Principal Place of Business

2782 FORMAN CIR.  
 P.O. BOX 327  
 MIDDLEBURG FL 32050

Mailing Address

2782 FORMAN CIR.  
 P.O. BOX 327  
 MIDDLEBURG FL 32050-0327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**OLIVER, ELDER JOSEPH, PASTOR**  
**2794 FORMAN CIRCLE**  
**MIDDLEBURG FL 32068**

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 *Elder Joseph Oliver Pastor*

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 **SD**  Delete  
 NAME **CLAYTON, CORA**  
 STREET ADDRESS **2646 SAPP LN**  
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **OD**  Delete  
 NAME **FORMAN, G. ELDER**  
 STREET ADDRESS **2710 N.W. 3RD CT.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **OLIVER, MAMIE A**  
 STREET ADDRESS **2794 FORMAN CIRCLE**  
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **OLIVER, JOSEPH ELDER**  
 STREET ADDRESS **2792 FORMAN CIRCLE**  
 CITY-ST-ZIP **MIDDLEBURG FL**

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: *Elder Joseph Oliver*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/2000*

Date

Daytime Phone #

CR2E037 (9/99)