

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 034 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OLIVER, ELDER JOSEPH, PASTOR
2794 FORMAN CIRCLE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
 Name *Elder Joseph Oliver*
 Street Address (P.O. Box Number is Not Acceptable)
3-21-2001
 City *Middleburg* **FL** Zip Code *32050*

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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME SD CLAYTON, CORA	<input type="checkbox"/> Delete
STREET ADDRESS 2646 SAPP LN	
CITY-ST-ZIP MIDDLEBURG FL	
TITLE NAME OD FORMAN, G. ELDER	<input type="checkbox"/> Delete
STREET ADDRESS 2710 N.W. 3RD CT.	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE NAME SD OLIVER, MAMIE A	<input type="checkbox"/> Delete
STREET ADDRESS 2794 FORMAN CIRCLE	
CITY-ST-ZIP MIDDLEBURG FL	
TITLE NAME P OLIVER, JOSEPH ELDER	<input type="checkbox"/> Delete
STREET ADDRESS 2792 FORMAN CIRCLE	
CITY-ST-ZIP MIDDLEBURG FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **RED** *3-21-2001*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)