

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90290 036 ****61.25

DOCUMENT # 761180

1. Entity Name

THE JESUS CHURCH OF DELIVERANCE OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

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

2782 FORMAN CIR. — 2782
 P.O. BOX 327 Po Box 327
 MIDDLEBURG FL 32050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Middleburg Fl.

Middleburg CLAY

Zip

Country

Zip

Country

32050

CLAY

32050

CLAY

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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, JOSEPH ELDER
 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

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------|-----------------------|-------------------------------------|-----------------------------------|
| | JR, STEWART Robert | Elder | Robert L. STEWART Jr. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

3-21-2002 904-282-5223

Date

Daytime Phone #

CR2E037 (9/01)