

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 023 ****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.
P.O. BOX 327
MIDDLEBURG FL 32050**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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	

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. I am familiar with, and accept the obligations of registered agent.

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. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, CORA		NAME		
STREET ADDRESS	2646 SAPP LN		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, G. ELDER		NAME		
STREET ADDRESS	2710 N.W. 3RD CT.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, MAMIE A		NAME		
STREET ADDRESS	2794 FORMAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, JOSEPH ELDER		NAME		
STREET ADDRESS	2792 FORMAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP		
TITLE	H.P.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART ROBERT L. ELDER JR		NAME		
STREET ADDRESS	2785 FORMAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SECRETARY REQUIRED 4-15-03 904-222-5223

CR2E037 (10/02)