

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764517

1. Entity Name

GREAT DELIVERANCE PENTECOSTAL CHURCH OF GOD, INC

FILED

Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 013 ****61.25

Principal Place of Business

512 W LIBSON PARKWAY
DELAND FL 32720
US

Mailing Address

2477 CRAWFORD DRIVE
SANFORD FL 32771

Change

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1304
Suite, Apt. #, etc.

City & State

Deland - Fla.
32720

Country

Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0500923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES E
2477 CRAWFORD DRIVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES E	
STREET ADDRESS	2477 CRAWFORD DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, FANNIE	
STREET ADDRESS	2425 E 21ST STREET	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LILLIAN	
STREET ADDRESS	2425 E 21ST STREET	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEWIS, LILLIE MAE	
STREET ADDRESS	1114 S. PARSON ST.	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Deloris Williams	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	810 Lenora St	
STREET ADDRESS	Daytona Beach FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

Daytime Phone #

CR2E037 (5/00)

Attachment

764517

OW79838

To Whom this May Concern
We sent \$8.75 for the change
of ~~the~~ our secretary last year
and there's no change +

We also need to del
to people off and we see that
wasn't change either
please let us know what we
must do to get these changes
Thank you.

Sign Delois Williams
Secretary