

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 771039**

1. Entity Name

BELLE GLADE DELIVERANCE REVIVAL CENTER, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90095 028 ****70.00

Principal Place of Business

Mailing Address

748 SW 14TH STREET
BELLE GLADE FL 33430748 SW 14TH STREET
BELLE GLADE FL 33430-4244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2773621

Applied For

Not Applied

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

LIGHTNER, JOHNNIE
748 SW 14TH STREET
BELLE GLADE FL 33430

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 \$61.259. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LIGHTNER, JOHNNIE	748 SW 14TH STREET	BELLE GLADE FL 33430				
D	CUYLER, LARRY	908 S.E. SECOND STREET	BELLE GLADE FL 33430				
TD	LIGHTNER, FRANCES L.	748 SW 14TH STREET	BELLE GLADE FL 33430				
S	ELMORE, DEBRA	P.O. BOX 465	SOUTH BAY FL 33493				
T	CLARK, LATONIA	5330 EADIE PLACE	WEST PALM BEACH FL 33407				
T	CLARK, ANTONIO	5330 EADIE PLACE	WEST PALM BEACH FL 33407				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

561-996-0604

Daytime Phone #