

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90365 012 ****62.00

DOCUMENT # 771039

1. Entity Name

BELLE GLADE DELIVERANCE REVIVAL CENTER, INC.

Principal Place of Business

Mailing Address

748 SW 14TH STREET
 BELLE GLADE FL 33430

748 SW 14TH STREET
 BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2773621

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

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

SIGNATURE

Johnnie Lightner
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/02

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS LIGHTNER, JOHNNIE
 CITY-ST-ZIP 748 SW 14TH STREET
 BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CUYLER, LARRY
 CITY-ST-ZIP 908 S.E. SECOND STREET
 BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS LIGHTNER, FRANCES L.
 CITY-ST-ZIP 748 SW 14TH STREET
 BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS ELMORE, DEBRA
 CITY-ST-ZIP P.O. BOX 465
 SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME T
 STREET ADDRESS CLARK, LATONIA
 CITY-ST-ZIP 5330 EADIE PLACE
 WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition
 NAME CLARK, LATONIA
 STREET ADDRESS 122 Jog Rd.
 CITY-ST-ZIP Sylveste, GA. 31791

TITLE ☐ Delete
 NAME T
 STREET ADDRESS CLARK, ANTONIO
 CITY-ST-ZIP 5330 EADIE PLACE
 WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition
 NAME CLARK, ANTONIO
 STREET ADDRESS 122 Jog Rd.
 CITY-ST-ZIP Sylveste, GA. 31791

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:

Johnnie Lightner
 Signature, typed or printed name of registered agent and title if applicable.

7/11/02

CR2E037 (4/02)