## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 841955**

## **FILED** Jan 24, 2003 8:00 am Secretary of State

i. Entity Nai	me							01-24-20	)03 90147	003 **	**61.:	<b>43</b>
INDEPEN	DENT HOLINESS DELIVERA	NCE CHU	IRCH, INC.									
Principal Place of Business 1506 S SLAPPEY BLVD PO BOX 4460		1506 S PO BOX	Mailing Address 1506 S SLAPPEY BLVD PO BOX 4460									
ALBANY GA 3	11706-4460	ALBANY	GA 31706-4460				1166/01/10	 				
2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Maili	3. Mailing Address  Suite, Apt. #, etc.  City & State				CHECK HERE IF MAKING CHANGES					
		Suit										
		City					4. FEI Number <b>58-1383663</b>				Applied For Not Applicable	
Zip	Country	Zip		Соц	intry		5. Certificate	of Status Desi	red 🔲		5 Add	
	6. Name and Address of Currer	nt Registered	d Agent		Name of	1 2 = 1-1	7. Name and	Address of N	ew Register	ed Agent		
38/11 1 1 8 8 4	וכי וכואם				Name			<del></del>	<del> </del>			
WILLIAMS, ISIAH 3318 HIGHLAND AVENUE FT. MYERS FL 33916					Street Address (P.O. Box Number is Not Acceptable)							
FI. WITE	NS FE 33910				City			<u></u>		L Zi	p Code	<del></del>
0 The above	e named entity submits this statement	f = 11 = =						- in the Ct-to				and assent
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	cable. (NOTE	E: Registere	d Agent signate	ture required v	when reinstating)		DAT	·E		
SIGNATURE		ent and title if appli	9. Election Can Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May B Added to Fees		Make Cho	eck Pay		
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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: 6

ANN W. HAWKINS 01-17-03