

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

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

01-24-2003 90147 003 ****61.25

DOCUMENT # 841955

1. Entity Name

INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC.



Principal Place of Business

1506 S SLAPPEY BLVD
PO BOX 4460
ALBANY GA 31706-4460

Mailing Address

1506 S SLAPPEY BLVD
PO BOX 4460
ALBANY GA 31706-4460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1383663**

Applied For

Not Applicable

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

WILLIAMS, ISIAH
3318 HIGHLAND AVENUE
FT. MYERS FL 33916

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

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

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	D	<input type="checkbox"/> Delete
NAME	FOWLER, DEACON ROLAND	
STREET ADDRESS	1406 E TIFT	
CITY-ST-ZIP	ALBANY GA 31705	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, DEACON ROBERT	
STREET ADDRESS	204 LEXINGTON DR	
CITY-ST-ZIP	ALBANY GA 31705	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REVILLS, ELDER ULLAINEE	
STREET ADDRESS	1618 MOULTRIE RD	
CITY-ST-ZIP	ALBANY GA 31705	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAWKINS, ANN W.	
STREET ADDRESS	RT 2, BOX 900	
CITY-ST-ZIP	NEWTON GA 39870	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, REBECCA D	
STREET ADDRESS	APARTMENT 315, MALONE TOWERS	
CITY-ST-ZIP	ALBANY GA 31701	
TITLE	P	<input type="checkbox"/> Delete
NAME	REVILLS, APOSTLE ISIAH	
STREET ADDRESS	1618 MOULTRIE RD	
CITY-ST-ZIP	ALBANY GA 31705	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, Gladis	
STREET ADDRESS	Rt. 02, Box 1850	
CITY-ST-ZIP	Newton, Georgia 39870	
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: *Ann W. Hawkins* / **ANN W. HAWKINS** 01-17-03 ²²⁹ 436-7707

CR2E037 (10/02)