

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000003744**

1. Entity Name

THE DISCIPLES OF CHRIST DELIVERANCE OUTREACH MIN**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90039 005 *****70.00

Principal Place of Business

PO BOX 971
HAZLEHURST GA 31539-0971

Mailing Address

PO BOX 971
HAZLEHURST GA 31539-0971

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 102

Suite, Apt. #, etc.

City & State

Scotland, GA.

Zip

31083

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2359381

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, CHERYL C
2150 EMERSON STREET 159
JACKSONVILLE FL 32207

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME EASON, MICHEAL
STREET ADDRESS 187A OLD LONG BRIDGE RD
CITY-ST-ZIP HELENA GATITLE S ☐ Delete
NAME BROWN, WILLIE
STREET ADDRESS 186 MCLENDON RD.
CITY-ST-ZIP VIDALIA GATITLE D ☐ Delete
NAME ALLEN, ZARET
STREET ADDRESS 10 LOUISE LANE
CITY-ST-ZIP BAXLEY GATITLE P ☐ Delete
NAME EADY, CORTEZ
STREET ADDRESS 2ND AVE
CITY-ST-ZIP SCOTLAND GATITLE AP ☐ Delete
NAME HILL SR, ELDER J
STREET ADDRESS WILLIE FOSTER RD.
CITY-ST-ZIP HAZLEHURST GATITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Cortez Eady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

Daytime Phone #

CR2E037 (10/00)