

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91334 039 ****75.00

DOCUMENT # F00000003744

1. Entity Name

THE DISCIPLES OF CHRIST DELIVERANCE OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

PO BOX 971
 HAZLEHURST GA 31539-0971

PO BOX 102
 SCOTLAND GA 31083

2. Principal Place of Business

289 Hazlehurst Rd

3. Mailing Address

PO Box 102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hazlehurst, GA

City & State

Scottdale, GA

Zip

31539

Country

Self-Denial

Zip

31083

Country

Telluride

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

Name

Boyd Cheryl

Street Address (P.O. Box Number is Not Acceptable)

1234 Kent Knight

Drive E

City

Jacksonville

FL

Zip Code

32209

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

Cheryl Boyd

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

(NOTE: Registered Agent signature required when reinstating)

3/24/02

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 P EASON, MICHAEL
 STREET ADDRESS 187A OLD LONG BRIDGE RD
 CITY-ST-ZIP HELENA GA

TITLE NAME ☐ Delete
 S BROWN, WILLIE
 STREET ADDRESS 188 MCLENDON RD.
 CITY-ST-ZIP VIDALIA GA

TITLE NAME ☐ Delete
 D ALLEN, ZARET
 STREET ADDRESS 10 LOUISE LANE
 CITY-ST-ZIP BAXLEY GA

TITLE NAME ☐ Delete
 P EADY, CORTEZ
 STREET ADDRESS 2ND AVE
 CITY-ST-ZIP SCOTLAND GA

TITLE NAME ☐ Delete
 AP HILL SR, ELDER J
 STREET ADDRESS WILLIE FOSTER RD.
 CITY-ST-ZIP HAZLEHURST GA

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
 P EASON, MICHAEL
 STREET ADDRESS 419 LUCILLE AVE #6
 CITY-ST-ZIP ALAMO, GA 30411

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

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

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

TITLE NAME ☒ Change ☐ Addition
 HILL SR, Elder J
 STREET ADDRESS Willie Foster Rd
 CITY-ST-ZIP HAZLEHURST, GA

TITLE NAME ☐ Change ☐ Addition
 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

3/24/02

Date

Daytime Phone #

CR2E037 (9/01)