

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000001999****1. Entity Name**  
**GOOD LIFE DELIVERANCE MINISTRIES, INCORPORATED****Principal Place of Business**16502 SW 114 CT.  
MIAMI FL 33157**Mailing Address**16502 SW 114 CT.  
MIAMI FL 33157**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 11-3018550

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**

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 \$61.25****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** PT ☐ Delete  
**NAME** WRIGHT, OTIS B REV.  
**STREET ADDRESS** 17360 S. DIXIE HWY.  
**CITY-ST-ZIP** MIAMI FL 33157**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** VT ☐ Delete  
**NAME** WRIGHT, ASSAD REV.  
**STREET ADDRESS** 17360 S. DIXIE HWY.  
**CITY-ST-ZIP** MIAMI FL 33157**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ST ☐ Delete  
**NAME** ELLIOTT, ELAINE  
**STREET ADDRESS** 17360 S. DIXIE HWY.  
**CITY-ST-ZIP** MIAMI FL 33157**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** TT ☐ Delete  
**NAME** WATSON, JULIE  
**STREET ADDRESS** 17360 S. DIXIE HWY.  
**CITY-ST-ZIP** MIAMI FL 33157**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ 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)(l), 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 persons empowered.****SIGNATURE** *Assad Wright* **ASSAD WRIGHT 03/28/01** 305-378-8626  
305-826-1989**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90112 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)