

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 24 PM 4: 05

DOCUMENT # N000000000150  
1. Entity Name Love and concern Holiness Church of Deliverance Home Out Reach Ministries Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1327 MLK, JR DR.  
Suite, Apt. #, etc. \_\_\_\_\_  
City & State Tallahassee, Fla.  
Zip 32301 Country USA

3. Mailing Address Same  
Suite, Apt. #, etc. \_\_\_\_\_  
City & State Same  
Zip Same Country Same

500031805725  
04/05/04--01010--024 \*\*70.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 043614767  
Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Rev. Charles Mims  
Street Address (P.O. Box Number is Not Acceptable) 2301 Old Bainbridge Rd. N-1506-  
City Tallahassee Fla. FL Zip Code 32303

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Registered Agent - Boston</u> <u>2301 Old Bainbridge Rd</u> <u>Tallahassee, Fla 32303</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dorothy Mims, Assist Pastor</u> <u>2301 Old Bainbridge Rd</u> <u>Tallahassee, Fla, 32303</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T Dell Boykins, Sectry</u> <u>3129 Mission Rd</u> <u>Tallahassee, Fla, 32303</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T Leah Alexis</u> <u>710 Country Club Dr.</u> <u>Tallahassee Fla, 32302</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AS Sandra Jean Smith</u> <u>1013 Jackson St.</u> <u>Tallahassee, Fla 32301</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500031805725</u> <u>04/05/04--01010--025 **5.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Charles E. Mims Founder 3/22/04 950-  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034B (12/01)