

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

APPROVED
AND
FILED

03 MAY -7 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000000150

1. Entity Name
**LOVE & CONCERN HOLINESS CHURCH
DELIVERANCE (HOME OUTREACH MINISTRIES),
INC.**



Principal Place of Business
8427 SANDRIDGE CT.
TALLAHASSEE, FL. 32305

Mailing Address
8427 SANDRIDGE CT.
TALLAHASSEE, FL. 32305

2. Principal Place of Business
2713 M.L.K. JR BLVD.

3. Mailing Address
8427 Sandridge Ct.

Suite, Apt. #, etc.

City & State
Tallahassee, Fla.

City & State
Tallahassee, Fla.

Zip
32305

Country
Leon

Zip
32305

Country
Leon



6. Name and Address of Current Registered Agent

MIMS, CHARLES E
8427 SANDRIDGE CT.
TALLAHASSEE, FL. 32305

7. Name and Address of New Registered Agent

Name
Charles Mims - Esq.

Street Address (P.O. Box Number is Not Acceptable)
8427 Sandridge Ct.

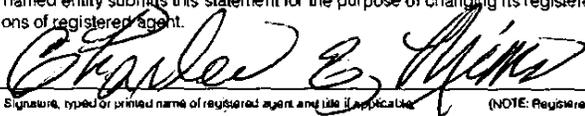
City
Tallahassee

City
ll ll

FL

Zip Code
32305

B. 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  DATE **5/1/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

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

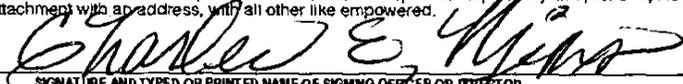
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIMS, CHARLES 8427 SANDRIDGE CT. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIMS, DOROTHY 8427 SANDRIDGE CT. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPELL, ANNIE 103 MCCASKILL ST. TALLAHASSEE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SANDRA S 2110 LAKE AVE. TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy: Alexis - Country Club Tallahassee, Fla.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017868568 05/02/03--01028--001 ***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (10/02)