## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am DOCUMENT # N00000000214 Secretary of State 1. Entity Name 01-10-2001 90003 027 \*\*\*\*61.25 SALVATION AND DELIVERANCE OUTREACH MINISTRY, INC Principal Place of Business Mailing Address 1057 CONTINENTAL DRIVE 1057 CONTINENTAL DRIVE 670725 DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-361865 \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BETHEL, VIVIAN B 1057 CONTINENTAL DRIVE DAYTONA BEACH FL 32117 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (10/00)Presiden Addition ☐ Change TITLE ☐ Delete TITLE Bethel Minron. NAME NAME 1057 Continental CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . Delete TITLE TITLE -Reducet NAME NAME STREET ADDRESS STREET ADDRESS アルマど CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition. Board ☐ Delete TITLE TITLE NAME NAME 205 Ago STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32118 CITY-ST-ZiP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME madison Are STREET ADDRESS STREET ADDRESS tona Boh FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME abo Sas Luca STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP