

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000947

1. Entity Name
THE FIRST CHURCH OF DELIVERANCE APOSTOLIC FAITH

Principal Place of Business
1419 BETTY LANE
CLEARWATER FL 33755

Mailing Address
1419 BETTY LANE
CLEARWATER FL 33755

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

4. FEI Number
59-3152047

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

6. Name and Address of Current Registered Agent
**WATERS, JIMMIE
705 BUTLER STREET
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. If 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)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PASTOR: JIMMIE WATERS (D) 705 BUTLER ST. SAFETY HARBOR FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. PASTOR: EVYAH J. WATERS (D) 705 BUTLER ST. SAFETY HARBOR FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY IRVINE DAVIS (D) 12430 MANOR CT LARGO FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACON KONZED MILLER (D) 19 JENNIFER COURT DUNEDIN FL 34627 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACON STEVEN WILLIAMS 1001 N GREENWOOD AVE BLD G-1 CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 # changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jimmie Waters (Pastor)** **8/3/01 (727) 669-6867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 OCT 12 AM 9:02



DO NOT WRITE IN THIS SPACE

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