

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002339

DOCUMENT # N00000001179

1. Entity Name

NEW VISION DELIVERANCE MINISTRY, INC.

FILED

02 SEP 17 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2563 CRAWFORDVILLE HWY., STE. 4  
CRAWFORDVILLE FL 32327

P.O. BOX 178  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3629059

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARVEY, MARY  
2563 CRAWFORDVILLE HWY., STE. 4  
CRAWFORDVILLE FL 32327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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 PD  
NAME HARVEY, MARY  
STREET ADDRESS 21 OTTER CREEK ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900007858099--1  
-09/19/02--01095--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE APD  
NAME HARVEY, ALPHOSO  
STREET ADDRESS 21 OTTER CREEK ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME HARVEY, MARILYN  
STREET ADDRESS 11 OTTER CREEK ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE RST  
NAME HARVEY, LORIE  
STREET ADDRESS 11 ALLEN GREEN ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358 ☐ 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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary T Harvey* REQUIRED

9/12/02 850 926-6141

CR2E037 (4/02)