

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90429 033 \*\*\*\*70.00

DOCUMENT # N00000001360

1. Entity Name

SHERINAH GLORY DELIVERANCE MINISTRIES, INC.

670718

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1055 NW 62<sup>ND</sup> ST

Suite, Apt. #, etc.

3. Mailing Address

17450 SW 296<sup>TH</sup> ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

HOMESTEAD, FL

4. FEI Number

65-0994241

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DR. CASSIE SCARRELLS-BROWN

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

17450 SW 296<sup>TH</sup> ST

City

HOMESTEAD

FL

Zip Code

33030

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE C/P/D  
NAME DR. CASSIE SCARRELLS-BROWN  
STREET ADDRESS 17450 SW 296 ST  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE S/D  
NAME SUSIE EASTERLING  
STREET ADDRESS 2515 NW 107<sup>TH</sup> ST  
CITY-ST-ZIP MIAMI, FL 33167

TITLE D  
NAME TERESA GAY  
STREET ADDRESS 1055 NW 62<sup>ND</sup> ST  
CITY-ST-ZIP MIAMI, FL 33150

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BARBARA GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. BARBARA GIBSON/ADMINISTRATOR 4/27/02 (95)646-7110

CR2E037B (12/01)