

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 21, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90079 049 \*\*\*\*75.00  
09-21-2001 90002 042 \*\*\*\*61.25

**C0077059**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                     |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> <i>NO0000002114</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                     |                                                                              |
| <b>1. Entity Name</b><br><i>MOUNT SINAI DELIVERANCE CHURCH, INC</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                     |                                                                              |
| <b>Principal Place of Business</b><br><i>421 Old Dixie Hwy</i><br><i>RIVIERA BEACH FL 33404</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>Mailing Address</b><br><i>3309 Windsor Apt #2</i><br><i>West Palm Beach FL</i><br><i>33407</i>                                                                   |                                                                              |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                                                    |                                                                              |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | <b>City &amp; State</b>                                                                                                                                             |                                                                              |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Country</b>                  | <b>Zip</b>                                                                                                                                                          | <b>Country</b>                                                               |
| <b>6. Name and Address of Current Registered Agent</b><br><i>Ernest Lampley Jr.</i><br><i>3309 Windsor Ave Apt 2</i><br><i>West Palm Beach FL 33407</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                     |                                                                              |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                     |                                                                              |
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                       |                                                                              |
| <b>Make Check Payable to Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                     |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                        |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>PASTOR/DIRECTOR/TRUSTEE</i><br><i>Ernest Lampley Jr.</i><br><i>3309 Windsor Ave Apt 2</i><br><i>West Palm Beach FL 33407</i>                                     | _____                                                                        |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>ASST. PASTOR/DIRECTOR/TRUSTEE</i><br><i>Olive Cole</i><br><i>1541 W. 33rd St.</i><br><i>Riviera Beach FL 33404</i>                                               | _____                                                                        |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>DIRECTOR</i><br><i>Freddie Crumby</i><br><i>5149 Caribbean Blvd Apt # 1216</i><br><i>West Palm Beach FL 33407</i>                                                | _____                                                                        |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>TREASURER</i><br><i>Jimmy Ciggs</i><br><i>1800 N. Congress Ave Apt D101</i><br><i>West Palm Beach 33401</i>                                                      | _____                                                                        |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>SECRETARY</i><br><i>Janie Ciggs</i><br><i>1800 N. Congress Apt D101</i><br><i>West Palm Beach 33401</i>                                                          | _____                                                                        |
| _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                           | <i>SECRETARY</i><br><i>Geleta Walters Forte</i><br><i>156 W 14th St Apt 2</i><br><i>Riviera Beach FL 33404</i>                                                      | _____                                                                        |
| <b>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.</b> |                                 |                                                                                                                                                                     |                                                                              |
| <b>SIGNATURE:</b> <i>Rev Ernest Lampley Jr</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <i>9/16/01 561-845-2970</i>                                                                                                                                         |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | <small>Date Daytime Phone #</small>                                                                                                                                 |                                                                              |

CR2E037 (11/00)