

2001 UNIFORM BUSINESS REPORT (UBR)

000-31

DOCUMENT # N00000002278

1. Entity Name

SPIRIT OF GOD OUTREACH DELIVERANCE MINISTRIES IN

FILED

01 APR 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1647 N. MARION ST.
LAKE CITY FL 32055-5

Mailing Address

1647 N. MARION ST.
LAKE CITY FL 32055-5

2. Principal Place of Business

3. Mailing Address

P.O. Box 2831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY, FL

4. FEL Number

59-363-8941

Applied For

Not Applicable

Zip

Country

Zip

Country

32056

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

NELSON, TRACEY R
1647 N. MARION ST.
LAKE CITY FL 32055-5

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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 D ☐ Delete
NAME JOE NELSON, ELDER PROPHET
STREET ADDRESS 1647 N. MARION ST.
CITY-ST-ZIP LAKE CITY FL 32055-5

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

TITLE D ☐ Delete
NAME TRACEY NELSON, EVANGELIST
STREET ADDRESS 1647 N. MARION ST.
CITY-ST-ZIP LAKE CITY FL 32055-5

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

TITLE D ☐ Delete
NAME VALORE TAYLOR, MISSIONARY
STREET ADDRESS 1647 N. MARION ST.
CITY-ST-ZIP LAKE CITY FL 32055-5

TITLE ☒ Change ☐ Addition
NAME KATHALEEN RICHARDSON
STREET ADDRESS 3217 GRY AVE
CITY-ST-ZIP LAKE CITY FLORIDA 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300004091855
STREET ADDRESS -04/30/01--01106--001
CITY-ST-ZIP *****70.00 *****70.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Tracey R. Nelson

904-758-8760

CR2E037 (10/00)