

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003960

1. Entity Name

BELLE GLADE YOUTH CRUSADE DELIVERANCE CHURCH INC

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90353 050 ****70.00

Principal Place of Business

POST OFFICE BOX 810
SOUTH BAY FL 33493

Mailing Address

POST OFFICE BOX 810
SOUTH BAY FL 33493

2. Principal Place of Business

556 West Ave 'A'

3. Mailing Address

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Zip

33430

Country

USA

Zip

Country

4. FEI Number

65-1015430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUMPHREY, LEE
280 N W 7TH AVENUE
SOUTH BAY FL 33493

7. Name and Address of New Registered Agent

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

TITLE PD
NAME NORWOOD, MAGGIE
STREET ADDRESS 2050 N W 208TH STREET
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE VD
NAME HUMPHREY, LEE
STREET ADDRESS POST OFFICE BOX 810 N/A
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Delete

TITLE SD
NAME MOORER, SHIRLEY
STREET ADDRESS POST OFFICE BOX 503 N/A
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE TD
NAME MOORE, HELEN
STREET ADDRESS 554 S E THIRD STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE D
NAME JORDAN, VERA
STREET ADDRESS 20510 N W 25TH AVENUE
CITY-ST-ZIP OPA LOCKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *Lee Humphrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)