

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91342 018 ****61.25

DOCUMENT # **N00000005811** ✓

1. Entity Name

Delaney Ministries Assisted Living Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1919 Delaney Ave

Suite, Apt. #, etc.

3. Mailing Address

1919 Delaney Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
58-2621482

Applied For
Not Applicable

Zip
32806

Country
USA

Zip
32806

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name John Head

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

13011 Bellerive

City

Orlando

FL

Zip Code
32828

**DO NOT WRITE
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

John Head

5/8/02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P ROBERT L CLAUDY JR 3114 S DELANEY AVE ORLANDO FL 32806 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D DOTTIE RICH (DORIS) 528 ANDES AVE ORLANDO FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EIRA LINDBERG 6722 DANCY CT ORLANDO FL 32819 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILLIE PRIEST 2926 LAKE PINELOCH BLVD ORLANDO FL 32806 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOROTHY COMPTON 1116 SALERNO CT ORLANDO FL 32806 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRANK PYLE JR 1832 ANTIGUA DR ORLANDO FL 32806 | TITLE 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)(f), 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 877, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Head

5/8/02
Date

407-837-8910
Daytime Phone #

CR2E037B (12/01)