

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90453 048 ****61.25

DOCUMENT # N00000005811

1. Entity Name

DELANEY MINISTRIES ASSISTED LIVING CENTER, INC.



Principal Place of Business

**1919 DELANEY AVE.
ORLANDO FL 32806**

Mailing Address

**1919 DELANEY AVE.
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2621482**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEAD, JOHN V
13011 BELIEVE
ORLANDO FL 32828**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P CLAUDY, ROBERT L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3114 S DELANEY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	SD RICH, DOTTIE (DORIS)	<input type="checkbox"/> Delete
STREET ADDRESS	528 ANDES AVENUE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	D LUNDBERG, EIRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6722 DANCY COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D PRIEST, BILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	2926 LAKE PINELOCH BLVD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	D COMPTON, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	1116 SALERNO COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	D PLYE, FRANK JR	<input type="checkbox"/> Delete
STREET ADDRESS	1832 ANTIGUA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P STORY, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7469 Swallow Run	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

1/31/03

407-839-8910

CR2E037 (10/02)