

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90045 029 *****70.00

DOCUMENT # N00000006926

1. Entity Name

PRAISE DELIVERANCE DOME MINISTRIES OF THE PALM B

Principal Place of Business

507 S CONGRESS AVE
 WEST PALM BEACH FL 33409

Mailing Address

P O BOX 222683
 WEST PALM BEACH FL 33422

44134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1013 Old Dixie Highway
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 222683
 Suite, Apt. #, etc.

City & State

Rivera, Bch. FL

City & State

West Palm Beach

4. FEI Number

65-1076298

Applied For

Not Applicable

Zip
 33404

Country

Palm Bch.

Zip

33422

Country

Palm Bch

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LIBERA A
 507 S CONGRESS AVE
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name Libera A. Johnson

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

507 South Congress Ave

City West Palm Beach **FL**

Zip Code 33409

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 Libera A. Johnson, Libera A. Johnson Secretary 4-19-01
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 President
 NAME Pastor A.D. Williams
 STREET ADDRESS 507 South Congress Ave
 CITY-ST-ZIP WPB, FL 33409

TITLE Secretary
 NAME Tonnie Hill
 STREET ADDRESS 507 South Congress Ave.
 CITY-ST-ZIP WPB, FL 33409

TITLE Treasurer/Director
 NAME Libera A. Johnson
 STREET ADDRESS 507 South Congress Ave
 CITY-ST-ZIP WPB, FL 33409

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☐ Addition
 NAME Pastor A.D. Williams
 STREET ADDRESS 507 South Congress Ave
 CITY-ST-ZIP WPB, FL 33409

TITLE Director/Treasurer ☐ Change ☐ Addition
 NAME Libera A. Johnson
 STREET ADDRESS 507 South Congress Ave.
 CITY-ST-ZIP WPB, FL 33409

TITLE Secretary ☐ Change ☐ Addition
 NAME Tonnie Hill
 STREET ADDRESS 507 South Congress Ave.
 CITY-ST-ZIP WPB, FL 33409

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

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

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

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: Libera A. Johnson - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

Daytime Phone #

CR2E037 (10/00)