

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007376

1. Entity Name

HOLY OF HOLIES DELIVERANCE MINISTRY, INC.

Principal Place of Business

14800 S.W. 168TH STREET  
MIAMI FL 33186

Mailing Address

P.O. BOX 924137  
HOMESTEAD FL 33092

2. Principal Place of Business

14800 S.W. 168th

3. Mailing Address P.O. Box 770036

Miami, Florida 33177-0036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33177-0036

Country

USA

6. Name and Address of Current Registered Agent

WILLIAMS, BETSY  
20612 SW 122ND AVE  
MIAMI FL 33177

4. FEI Number

65-1047612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 NAME	D HOLT, DOROTHY M	<input type="checkbox"/> Delete
STREET ADDRESS	20612 SW 122ND AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE NAME	D JONES, HARRIET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19801 SW 110TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	D WILSON, ANNIE D	<input type="checkbox"/> Delete
STREET ADDRESS	7172 NW 19TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Officer/Trustee Daisy Claudia Yvette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10104 S.W. 173rd Circle Plaza East	
CITY-ST-ZIP	Miami, Florida 33157	
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		<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		

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:

Dorothy M Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02

Date

Daytime Phone #

(786) 242-6894

80080651



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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