2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # N0000008328 HOUSE OF DELIVERANCE, INC. 03-05-2001 90106 001 ****61.25 03-05-2001 90106 002 *****8.75 Principal Place of Business Mailing Address 5747 BIBLE CAMP RD 5747 BIBLE CAMP RD **GROVELAND FL 34736 GROVELAND FL 34736** v v v v v v2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State -3640783 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORDAN, EDWARD P. II Street Address (P.O. Box Number is Not Acceptable) 13543 E HWY 50 CLERMONT FL 34711 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition THILE TITLE ☐ Delete NAME NAME **AUTHUR. SAMUEL** STREET ADDRESS STREET ADDRESS **5747 BIBLE CAMP RD** CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** Addition ☐ Change TITLE ☐ Delete TITLE NAME ARTHUR, SANDRA D NAME STREET ADDRESS STREET ADDRESS 5747 BIBLE CAMP RD CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** ☐ Addition ☐ Delete TITLE Change TITLE NAME PATRICK, CANDI NAME STREET ADDRESS STREET ADDRESS 5747 BIBLE CAMP RD CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ISOM, TEKEESA STREET ADDRESS STREET ADDRESS 5747 BIBLE CAMP RD CITY-ST-ZIP CITY-ST-7IP **GROVELAND FL 34736** Change Addition ☐ Delete TITLE NAME COLLINS, CHRISTOPHER STREET ADDRESS STREET ADDRESS 5747 BIBLE CAMP RD CITY-ST-ZIP CITY-ST-ZIP GROVELAND_FL 34736 TITLE Change ☐ Addition ☐ Delete TITLE NAME PHILBERT, WILLIERENE NAME STREET ADDRESS STREET ADDRESS 5747 BIBLE CAMP RD CITY-ST-ZIP CITY-ST-7IP **GROVELAND FL 34736** 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if