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

Mailing Address

5747 BIBLE CAMP RD

GROVELAND FL 34736

3. Mailing Address

City & State

Zip

Name and Address of Current Registered Agent

Suite, Apt. #, etc.

DOCUMENT # N0000008328

1. Entity Name

Principal Place of Business

2. Principal Place of Business

JORDAN, EDWARD P II

13543 E HWY 50 CLERMONT FL 34711

5747 BIBLE CAMP RD

GROVELAND FL 34736

Suite, Apt. #, etc.

City & State

Zip

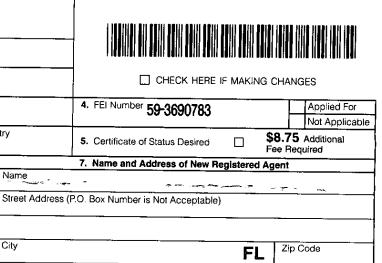
HOUSE OF DELIVERANCE, INC.



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90109 016 ****61.25

90035785



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, s

City

(NOTE: Registered Agent signature required when reinstating)

Country

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

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

FILE NOW: FEE IS \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AUTHUR, SAMUEL NAME STREET ADDRESS 5747 BIBLE CAMP RD STREET ADDRESS CITY-ST-ZIP GROVELAND FL 34736 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME arthur, sandra d NAME STREET ADDRESS **5747 BIBLE CAMP RD** STREET ADDRESS CITY-ST-ZIP **GROVELAND FL 34736** CITY-ST-ZIP TITLE ☐ Delete --Change NAME ISOM, TEKEESA NAME STREET ADDRESS 5747 BIBLE CAMP RD STREET ADDRESS CITY-ST-ZIP **GROVELAND FL 34736** CITY-ST-ZIP ☐ Delete TITLE Change Addition PHILBERT, WILLIERENE STREET ADDRESS 5747 BIBLE CAMP RD STREET ADDRESS CITY-ST-ZIP GROVELAND FL 34736 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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:

2-21-03 (352)44-1201