

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90110 047 \*\*\*\*61.25

**DOCUMENT # N00007**

1. Entity Name

**THE TRUE DELIVERED CHURCH OF THE LORD JESUS CHRI**

Principal Place of Business

Mailing Address

% PATRICIA JOHNSON  
 107 MOSELEY AVENUE  
 MAITLAND FL 32751

% PATRICIA JOHNSON  
 107 MOSELEY AVENUE  
 MAITLAND FL 32751-6702

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

**53-2427221**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DERICHO, DEBRA ANN**  
**4618 DUTTON DRIVE**  
**ORLANDO FL 32808**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	JOHNSON, PATRICIA	107 MOSELY AVE.	MAITLAND FL				
TD	JOHNSON, LEON	107 MOSELY AVE.	MAITLAND FL				
SD	JOHNSON, BESSIE-LEE	112 CALHOUN AVE.	MAITLAND FL				

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patricia Johnson Patricia Johnson 1-24-00 401-645-2256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #