

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90237 038 \*\*\*\*61.25

0011757

**DOCUMENT # N00007**

1. Entity Name  
**THE TRUE DELIVERED CHURCH OF THE LORD JESUS CHRI  
ST, INC.**



Principal Place of Business  
**% PATRICIA JOHNSON  
107 MOSELEY AVENUE  
MAITLAND FL 32751**

Mailing Address  
**% PATRICIA JOHNSON  
107 MOSELEY AVENUE  
MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **53-2427221**

Applied For  
Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, PATRICIA</b>	
STREET ADDRESS	<b>107 MOSELY AVE.</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, LEON</b>	
STREET ADDRESS	<b>107 MOSELY AVE.</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, BESSIE LEE</b>	
STREET ADDRESS	<b>112 CALHOUN AVE.</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **SIGNATURE REQUIRED** *Patricia Johnson Pastor 2/23/03 (407) 645-2256*

CR2E087 (10/02)