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

FILED Jul 17, 2002 8:00 am Secretary of State 05-28-2002 91614 036 ****61.25 97542 DO NOT WRITE IN THIS SPACE | Applied For | Not Applicable | | Sand Address of Current Registered Agent | | Hill | | Number is Not Acceptable |

DOCUMENT # N D1000000214.

1. Entity Name

Word of Deliverance Chiistian Center Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SP	ACE
2. Principal Place of Purmess Grove Dr. 3. Hailing Address OX Suite, Apt. #, etc. Suite, Apt. #, etc.	352932 DO NOT WRITE IN THIS SPACE
Cive state Coast FL Paim Coas	7-4
2°37 37 U.S.A. 37435	Country 5. Certificate of Status Desired Fee Required 5. Fee Required
DO NOT WRITE	7. Name and Address of Current Registered Agent Name Duane Hill - Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	8 Buffalo Grove Dr. City Dalm Coast FL 35737
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	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co	+0100 (110) 50 (
10. OFFICERS AND DIRECTORS TITLE Assistant Pastor	THRE E
NAME ROSIA HILL STREET ADDRESS CITY-ST-ZIP Pala COOST, FL 30137	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Board of Trustee. NAME Rev. Jimmy Watkins STREET ADDRESS 2621 Dandelion Ln CITY-ST-ZIP ROWLEH, TX 75089	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE IT JUSTEC MINISTER LEGAI Watkins STREET ADDRESS A6 21 Dandelon Len ROWLETT TX 75089	TITLE NAME -STREET AODRESS- CITY- ST-ZIP DO NOT WRITE
TITLE MINISTER NAME JESSE M'Crary STREET ADDRESS GOI Caraly le Wat Ease #122 CITY-ST-ZIP Mobile Al 36609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE BISHOP NAME Bennett Smith STREET ADDRESS 1054 Locarno St. CITY-ST-ZIP MODILE, AL 36408	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ent Hasty

Daylime Phone #