2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-12-2002 90606 023 ****70.00

DOCUMENT # N01000000353

1. Entity Name

ROHI DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
512 LISBON AVE. DELAND FL 32720	PO BOX 2047 KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
875 S. Alabama Ave	P.O. Box 2047
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Deland, FL	Keystone Heights, FL
City & State	City & State
Zip: 32720 Country: USA	Zip: 32656 Country: USA

4. FEI Number: 59-3701164 ☐ 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
LANCASTER, AUSTIN 1111 CITY RD. 315 GRANDIN FL 32138	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 President Austin Lancaster Austin Lancaster 4-23-02
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Austin Lancaster P.O. Box 146 Grandin, FL 32138 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Linda S. Lancaster P.O. Box 146 Grandin, FL 32138 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary – Treasurer / Director Shanalane Lee P.O. Box 8-1-0-1 Jacksonville 32211 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: Austin Lancaster 4-23-02 386-659-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #