

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90154 013 ****61.25

DOCUMENT # NO1000000484

1. Entity Name

FAITH REDEMPTION DELIVERANCE CHURCH INC.

Principal Place of Business

**3900 N.W. 167TH STREET
 MIAMI FL 33054**

Mailing Address

**3900 N.W. 167TH STREET
 MIAMI FL 33054**

2. Principal Place of Business

3. Mailing Address

19115 N.W. 12 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami FL

Zip

Country

Zip

Country

33169

Miami Dade

4. FEI Number

65-1073762

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

**CAMPBELL, EUSTACE
 19115 N.W. 12TH COURT
 MIAMI FL 33169**

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **CAMPBELL, EUSTACE**
 CITY-ST-ZIP **19115 N.W. 12TH COURT
 MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **BASTON SMITH**
 CITY-ST-ZIP **19255 NE 10 AVE
 MIAMI FL 33149**

TITLE ☐ Delete
 NAME **DA**
 STREET ADDRESS **PRY, LONNIE S**
 CITY-ST-ZIP **190 N.W. 29 AVENUE
 FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **JONES, ICILDER**
 CITY-ST-ZIP **651 N.W. 177 STREET
 MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ELLIS, WILLIE F**
 CITY-ST-ZIP **15151 N.W. 18 AVENUE
 MIAMI FL 33054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Eustace Campbell**

1 - 16 - 02

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CR2E037 (9/01)