# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# N01000001349

**Entity Name:** INTERCESSORY DELIVERANCE CHURCH MINISTRIES, INC.

**Current Principal Place of Business:**

4474 SUMMER HAVEN BLVD S
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

1343 N LAURA ST
JACKSONVILLE, FL 32206

**Current Mailing Address:**

4474 SUMMER HAVEN BLVD S
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number: 59-3699507** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: THOMAS, MICHAEL J
Address: 4474 SUMMER HAVEN BLVD S
City-St-Zip: JACKSONVILLE, FL 32258

Title: VTD ( ) Delete
Name: THOMAS, SYLVIA M
Address: 4474 SUMMER HAVEN BLVD S
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD ( ) Delete
Name: MADISON, EMMA D
Address: 4474 SUMMER HAVEN BLVD S
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J THOMAS PD 04/30/2002

Electronic Signature of Signing Officer or Director — Date