

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2:

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91516 010 \*\*\*\*61.25

**DOCUMENT # NO1000002223**

1. Entity Name

**DELIVERANCE MINISTRIES INC.**

Principal Place of Business

Mailing Address

702 PADGETT AVENUE  
 SARASOTA FL 34237

702 PADGETT AVENUE  
 SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

5631 Antoinette St.

5631 Antoinette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

65-1096826

Applied For

Not Applicable

Zip

Country

34232

Sarasota

Zip

Country

34232

Sarasota

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

SCHRAG, RYAN  
 702 PADGETT AVENUE  
 SARASOTA FL 34237

Name

Ryan Schrag

Street Address (P.O. Box Number is Not Acceptable)

5631 Antoinette St.

City

Sarasota

FL

Zip Code

34232

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)

4-18-02

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 "D" ☐ Delete  
 NAME SCHRAG, RYAN  
 STREET ADDRESS 702 PADGETT AVENUE  
 CITY-ST-ZIP SARASOTA FL 34237

TITLE NAME "D" ☐ Change ☒ Addition  
 NAME Secretary  
 STREET ADDRESS clete Miller  
 CITY-ST-ZIP 3566 Schrock St.  
 SARASOTA, FL 34239

TITLE NAME "D" ☐ Delete  
 NAME SCHRAG, KIMBERLY  
 STREET ADDRESS 702 PADGETT AVENUE  
 CITY-ST-ZIP SARASOTA FL 34237

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

TITLE NAME "D" ☐ Delete  
 NAME GRABER, VERLIN L  
 STREET ADDRESS 5631 ANTOINETTE STREET  
 CITY-ST-ZIP SARASOTA FL 34232

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

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ 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:

**REQUIRE**

4-18-02

(941) 362-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ryan Schrag - President, Director

CR2E037 (9/01)