

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90059 046 *****61.25

DOCUMENT # N01000002223

1. Entity Name

DELIVERANCE MINISTRIES INC.



Principal Place of Business

**5631 ANTOINETTE ST.
SARASOTA FL 34232**

Mailing Address

**5631 ANTOINETTE ST.
SARASOTA FL 34232**

2. Principal Place of Business

910 Tangled Oaks Dr.

3. Mailing Address

910 Tangled Oaks Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. FEI Number **65-1096826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHRAG, RYAN
5631 ANTOINETTE ST.
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **Ryan Schrag**
Street Address (P.O. Box Number is Not Acceptable)
910 Tangled Oaks Dr.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Ryan Schrag - President

3-31-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRAG, RYAN	
STREET ADDRESS	702 PADGETT AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHRAG, KIMBERLY	
STREET ADDRESS	702 PADGETT AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRABER, VERLIN L	
STREET ADDRESS	5631 ANTOINETTE STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CLETE	
STREET ADDRESS	3566 SCHROCK ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan Schrag	
STREET ADDRESS	910 Tangled Oaks Dr.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Miller	
STREET ADDRESS	4609 Cronin Dr.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Helmutz	
STREET ADDRESS	1267 Cornish Ct.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Schrag	
STREET ADDRESS	910 Tangled Oaks Dr.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clete Miller	
STREET ADDRESS	Nanook St.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **Ryan Schrag - President 3-31-03 (941) 371-3876**

CR2E037 (10/02)