

FILED
Sep 12, 2002 8:00 am
Secretary of State

08-25-2002 90219 050 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005993

1. Entity Name

NEW REVELATION DELIVERANCE OUTREACH MINISTRIES I
NC.

Principal Place of Business

Mailing Address

~~3928 STONEFIELD DRIVE
ORLANDO FL 32828~~

~~3928 STONEFIELD DRIVE
ORLANDO FL 32828~~

2. Principal Place of Business

12696 Maribou Circle

3. Mailing Address

12696 Maribou Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Florida

4. FEI Number

59-3751232

Applied For

Not Applicable

Zip

32828

Country

Orange

Zip

32828

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, REGINALD M
~~3928 STONEFIELD DRIVE
ORLANDO FL 32828~~

7. Name and Address of New Registered Agent

Reginald M. Taylor

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

12696 Maribou Circle

Orlando Florida

City

FL

Zip Code

32828

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

Reginald M. Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

August 19, 2002

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	ETHRIDGE, ANITA G	
STREET ADDRESS	3928 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUCKER, WILLETIA L	
STREET ADDRESS	3928 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TAYLOR, REGINALD M	
STREET ADDRESS	3928 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANDERSON, ANNABELL	
STREET ADDRESS	3928 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, NORMA J	
STREET ADDRESS	3928 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	New Revelation Deliverance Outreach	
STREET ADDRESS	hasnt been at 3928	
CITY-ST-ZIP	Stonefield Dr in about	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 months please send	
STREET ADDRESS	all bills and mail	
CITY-ST-ZIP	to Reginald M Taylor	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	at 12696 Maribou	
STREET ADDRESS	Circle Orlando	
CITY-ST-ZIP	FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Hancock	
STREET ADDRESS	no no longer affiliated with the	
CITY-ST-ZIP		

CR 2002 (4/02)

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 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 REQUIRED

Reginald M. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Daytime Phone #

Attachment

NO1000005993

9/9/57

This Form was sent to the wrong address, so I requested a new form but they sent me a Profit form instead of a non-profit form as I requested. So I am returning the copy I received from you with the required corrections.

Thank You

Willella L. Rucker