

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90194 023 \*\*\*\*61.25

**DOCUMENT # NO1000007747**

1. Entity Name

**FULL GOSPEL DELIVERANCE TEMPLE CHURCH OF GOD AND  
CHRIST, INC.**



Principal Place of Business

**3375 AVENUE J  
APARTMENT #6  
RIVIERA FL 33404**

Mailing Address

**3375 AVENUE J  
APARTMENT #6  
RIVIERA FL 33404**

2. Principal Place of Business

**1665 STONY PLAZA  
Suite, Apt. #, etc.  
Martin LUTHER KING BLVD**

3. Mailing Address

**P.O. Box 10463  
Suite, Apt. #, etc.**

City & State

**Riviera Beach FL**

City & State

**Riviera Beach FL**

Zip

**33404**

Country

**P.B.C.**

Zip

**33419-0463**

Country

**P.B.C.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1152341**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUBOIS, HARRY  
3375 AVENUE J  
APARTMENT #6  
RIVIERA FL 33404**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DUBOIS, HARRY**  
STREET ADDRESS **3375 AVENUE J, APARTMENT #6**  
CITY-ST-ZIP **RIVIERA FL 33404**

TITLE **TD** ☐ Delete  
NAME **JONES, JESSIE**  
STREET ADDRESS **918 S. FEDERAL HIGHWAY, APARTMENT 15**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **SD** ☐ Delete  
NAME **WILLIAMS, BARBRA**  
STREET ADDRESS **5938 BARBATOS WAY, WEST**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **TD** ☐ Delete  
NAME **DUBOIS, LAMONT**  
STREET ADDRESS **3375 AVE TAP & S. RIVER**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **TD** ☐ Delete  
NAME **DUBOIS, LYDIA LYDIA**  
STREET ADDRESS **3375 AVE TAP & S RIVER**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**Barbra Williams Deloitte 3-29-03**

CR2E037 (10/02)