

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90234 031 ****61.25

DOCUMENT # N02000000087

1. Entity Name

UNITY FELLOWSHIP CHURCHES OF DELIVERANCE,
INC.



Principal Place of Business

7975 NW 22 AVE.
MIAMI FL 33168

Mailing Address

731 NW 45 STREET
MIAMI FL 33127

14021770



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0564200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, WILLIE
731 NW 45 STREET
MIAMI FL 33127

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
Due By May 1, 2004

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
NAME ROBINSON, WILLIE
STREET ADDRESS 731 NW 45 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE VD
NAME JOHNSON, MARK A
STREET ADDRESS 731 NW 45 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE TD
NAME THOMAS, LOGIA
STREET ADDRESS 1855 NW 46 ST.
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE SD
NAME THOMAS, DEBRA
STREET ADDRESS 1855 NW 46 ST.
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Debra A Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #