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

DOCUMENT # N0200000087

1. Entity Name

UNITY FELLOWSHIP CHURCHES OF DELIVERANCE, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90099 018 ****61.25

			2.00				
Principal Plac	ce of Business	Mailing Address					
731 NW 45 ST	REET	731 NW 45 STREET					
MIAMI FL 3312	27	MIAMI FL 33127					
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	Place of Business	3. Mailing Address			[8]	AH ed uh eb ah in	H (U) (U)
	SNW 22 AVE						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	
City & Sta	la .	City & State		4. FEI Number			plied For
Miami Fl		July is olded		01-05	64300		t Applicable
Zip	Country	Zip	Country	' '		\$8.75 Add	
3316	8 DANE			5. Certificate of	Status Desired	Fee Require	
• • • •	6. Name and Address of Current	Registered Agent		7.≅Name and Ad	dress of New Registered	Agent	
			Name				
ROBINSO	ON, WILLIE		C+	Idaaa (DO Day Northeria	. N 4		
731 NW 45 STREET			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FI					• • •		
			City			Zip Code	
			City		FL	■ Zip Cou	3
8. The above	named entity submits this statement for	r the purpose of changing it	s registered office or	registered agent, or both, i	n the State of Florida. I am	familiar with,	and accept
	tions of registered agent.	. ,					
	•						
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur	re required when reinstating)	DATE		_
SIGNATURE		and title if applicable. (NO	TE: Registered Agent signatur	re required when reinstating)	DATE		
	Signature, typed or printed name of registered agent		TE: Registered Agent signatur		Make Chec	k Payable	to
		9. Election Ca	umpaign Financing	\$5.00 May Be Added to Fees			
	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	ampalgn Financing Contribution.	\$5.00 May Be Added to Fees	Make Chec Florida Depar	tment of S	State
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DII	9. Election Ca Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Chec	RECTORS IN	State
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12. I hereby certify that the information supplied with this filling 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 an powered.

STREET ADDRESS City-St-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNILLE REPLIED

4-3-03