

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91424 015 \*\*\*\*61.25

**DOCUMENT # N02000000101**

1. Entity Name

**FAITH IN GOD CHRISTIAN DELIVERANCE CHURCH INC.**



Principal Place of Business

**BEST WESTERN HOTEL  
8421 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809**

Mailing Address

**13201 HEATHER MOSS DRIVE 1520  
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3030 N. MICHIGAN AVE.**

Suite, Apt. #, etc.

**P.O. BOX 770853**

City & State

**KISSIMMEE, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**34744**

Country

**U.S.**

Zip

**32837**

Country

**U.S.**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMPTON, BONNIE  
13224 HEATHER MOSS DRIVE #1210  
ORLANDO FL 32837**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **JONES, JACK**  
STREET ADDRESS **12020 VILLA NOVA DRIVE 111**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LYATBORA HARVEY**  
STREET ADDRESS **13201 HEATHER MOSS DR. #1520**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

TITLE **SD** ☐ Delete  
NAME **PASCASCIO, DEVONNE**  
STREET ADDRESS **13373 TWINWOOD LANE #2313**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **TD** ☐ Delete  
NAME **PASCASCIO, ERNEST**  
STREET ADDRESS **13373 TWINWOOD LANE #2313**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: **JACK JONES** (Signature) **25 APRIL 03 (407) 343-4705**

CR2E037 (10/02)