

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

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 92205 025 \*\*\*\*\*61.25

**DOCUMENT # N02000001713**

1. Entity Name

**TRINITY THE CHURCH OF DELIVERANCE, INC.**



Principal Place of Business

**908 S ADELLE AVE  
DELAND FL 32720**

Mailing Address

**1027 SPRINGBANK AVE  
ORANGE CITY FL 32763**

**55054485**

2. Principal Place of Business

**1027 SpringBank Ave**

Suite, Apt. #, etc.

3. Mailing Address

**1027 SpringBank Ave**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Orange Fla.**

City & State

**Orange Fla.**

4. FEI Number

**68-04 88806**

Applied For

Not Applicable

Zip

**32763**

Country

**VOLUSIA**

Zip

**32763**

Country

**VOLUSIA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, CASSANDRA A  
1027 SPRINGBANK AVE  
ORANGE CITY FL 32763**

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

*Cassandra Freeman*

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 NAME ☐ Delete  
**Charmain N. Lacey**

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition  
**Secretary/Treasurer**  
**Dora L Freeman**

STREET ADDRESS  
CITY-ST-ZIP  
**774 Merrimac St Deltona 32725**

TITLE NAME ☐ Change ☐ Addition  
**Charmain N. Lacey**

STREET ADDRESS  
CITY-ST-ZIP  
**1027 Springbank Ave Orange City FL 32763**

TITLE NAME ☐ Change ☐ Addition  
**Ronald E. Freeman Sr.**

STREET ADDRESS  
CITY-ST-ZIP  
**1027 Springbank Ave Orange City FL 32763**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**

Date

**386 456 0602**

Daytime Phone #

CR2E037 (10/02)