

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90031 008 ****70.00

DOCUMENT # **N02000001773**

1. Entity Name **Jesus Christ Prayer Band of Deliverance
Salvation Miracle Worship Center, Inc.**



DO NOT WRITE IN THIS SPACE

24041193

2. Principal Place of Business
521 N. 451
Suite, Apt. #, etc.

3. Mailing Address
7402 Wintergarden Pkwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
4. PIERCE FL
Zip
34950

City & State
4. PIERCE FL
Zip
34951

4. FEI Number
104-3594043
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GREGORY WRIGHT**
Street Address (P.O. Box Number is Not Acceptable)
7402 Wintergarden PARKWAY
City **4. PIERCE** FL Zip Code **34951**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

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 STREET ADDRESS CITY-ST-ZIP	D. GREGORY WRIGHT 7402 Wintergarden Parkway 4. PIERCE FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALARIE WRIGHT 7402 Wintergarden Parkway 4. PIERCE FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUEL SMITH 4804 El Nueva "Ave" 4. PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY SMITH 4804 El Nueva "Ave" 4. PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Samson Royal 1107 Blossom Drive Sebastian FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERMA J. MARQUEZ PO BOX 153 4. PIERCE FL 34954-0153

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **GREGORY WRIGHT**

4.6.04 772-468-0244

CR2E037B (12/02)