

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-26-2003 90137 040 ****69.00

DOCUMENT # N02000001773

1. Entity Name

**JESUSCHRIST PRAYER BAND OF DELIVERANCE SALVATION
MIRACLE WORSHIPCENTER, INC.**



Principal Place of Business

**1701 AVE "D"
FT PIERCE FL**

Mailing Address

**7402 WINTER GARDEN PARKWAY
FT. PIERCE FL 34951**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FE Number

04-3594043

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, GREGORY
7402 WINTER GARDEN PKWY
FT PIERCE FL 34951**

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

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 **D** ☐ Delete
NAME **WRIGHT, GREGORY**
STREET ADDRESS **7403 WINTER GARDEN PKWY**
CITY-ST-ZIP **FT PIERCE**

TITLE **D** ☐ Delete
NAME **WRIGHT, VALARIE**
STREET ADDRESS **7403 WINTER GARDEN PKWY**
CITY-ST-ZIP **FT PIERCE**

TITLE **D** ☐ Delete
NAME **SMITH, SAMUEL**
STREET ADDRESS **4804 EL'NUEVA AVE**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **DT** ☐ Delete
NAME **SMITH, SHIRLEY**
STREET ADDRESS **4804 EL'NUEVA AVE**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **DS** ☐ Delete
NAME **JAMISON, TINA**
STREET ADDRESS **1107 BLOSSOM DRIVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **D** ☐ Delete
NAME **MARCUES, ERMA J**
STREET ADDRESS **P.O. BOX 153**
CITY-ST-ZIP **FT PIERCE**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

772-468-0244

1-2-03

Daytime Phone #

CR2E037 (10/02)



Department of the Treasury
Internal Revenue Service

MEMPHIS TN 37501-0038

Attachment

58018741
#N02000001773

In reply refer to: 0150244367
Feb. 28, 2003 LTR 147C
04-3594043 000000 00 000
Input Op: 0150244367 00518

JESUS CHRIST PRAYER BAN OF
% PASTOR GREGORY WRIGHT
7402 WINTER GARDEN PKWY
FORT PIERCE FL 34951-2707020

Employer Identification Number: 04-3594043

Dear Taxpayer:

We received your request of Feb. 19, 2003 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 04-3594043. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.