

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

DOCUMENT # N02000002868

1. Entity Name

DELIVERANCE FAITH HOLY TEMPLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -7 PM 4:08

Principal Place of Business

6831 RESTLAWN DR. #1
JACKSONVILLE FL 32208

Mailing Address

P.O. BOX 12702
JACKSONVILLE FL 32209

2. Principal Place of Business

6831 RESTLAWN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32208

City & State

Zip

Country

32208

Country

4. FEI Number

27-0008708

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK-JUDGE, VALERIE
6831 RESTLAWN DR. #1
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name
PASTOR VALERIE SIMS MCCORMICK
Street Address (P.O. Box Number is Not Acceptable)
6831 RESTLAWN DRIVE
JACKSONVILLE FLORIDA
City
FL Zip Code
32208

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 Pastor Valerie Sims McCormick PASTOR VALERIE SIMS MCCORMICK

3/31/2003

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	<input checked="" type="checkbox"/> Delete
NAME	JUDGE, ALFRED L	
STREET ADDRESS	6831 RESTLAWN DR. #1	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK-JUDGE, VALERIE	
STREET ADDRESS	6831 RESTLAWN DR. #1	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, LUCY	
STREET ADDRESS	6831 RESTLAWN DR. #1	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR VALERIE SIMS MCCORMICK	
STREET ADDRESS	6831 RESTLAWN DRIVE #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINISTER MONTEMUS JENKINS II	
STREET ADDRESS	6831 RESTLAWN DRIVE #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE JENKINS SR	
STREET ADDRESS	6831 RESTLAWN DRIVE #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pastor Valerie Sims McCormick PASTOR VALERIE SIMS MCCORMICK 3/31/2003 (904) 73-007

CR2E037 (10/02)