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

Mar 07, 2003 8:00 am Secretary of State DOCUMENT # N02000003154 03-07-2003 90095 011 ****61.25 DELIVERANCE TABERNACLE ECONOMIC DEVELOPMENT. INC Principal Place of Business Mailing Address 9420 MUSIC LANE 9420 MUSIC LANE PENSACOLA' FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 03-0435823 Applied For Not Applicable Zip Country Ζíρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, CHARLES Street Address (P.O. Box Number is Not Acceptable) 9420 MUSIC LANE PENSACOLA FL 32514 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change CR2E037 (10/02) ☐ Addition YOUNG, CHARLES NAME STREET ADDRESS 9060 ASHVILLE DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition Grandison, Tony NAME NAME 7996 CORONET PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP TD TITLE Delete -JEFFRES, EDWIN 379 TARA ROAD Jeffries, Edwin NAME NAME STREET ADDRESS 1003 MEYER WAY STREET ADDRESS CITY-ST-7IP PENSACOLA FL 32514 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

rarles Young SIGNATURE:

CITY-ST-ZIP

March 3 2003 (850) 969-0401

FILED