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

FILED
May 21, 2003 8:00 am
Secretary of State
04-17-2003 90210 043 ****61.25

DOCUMENT # N02000004661

1. Entity Name
Emmanuel Lighthouse Of Deliverance Inc.

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55042467

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2. Principal Place of Business	3. Mailing Address
758 Sherwood Terrace Dr.	P.O. Box 371
Suite, Apt. #, etc. #10105	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Clarcona, Florida
Zip: 32818 Country: Orange	Zip: 32710 Country:

4. FEI Number: 04-3692362 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rose Mary Gregory
Street Address (P.O. Box Number is Not Acceptable): 414 Cypress, Ave
City: Sanford, Florida FL Zip Code: 32771

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: X X X
Signature, typed or printed name of registered agent and title if applicable. (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	Founder/President / Director
NAME	Senior Pastor Angel Johnson
STREET ADDRESS	P.O. Box 371
CITY-ST-ZIP	Clarcona, Florida 32710-0371
TITLE	Director/Treasurer:
NAME	Rose Mary Gregory
STREET ADDRESS	414 Cypress Avenue
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	Director/Secretary:
NAME	Clarancy-May Jackson
STREET ADDRESS	P.O. Box 173
CITY-ST-ZIP	Clarcona, Florida 32710-0173
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CR2E037B (12/02)

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

SIGNATURE: Senior Pastor Angel Johnson / Angel Johnson April 7, 2003 (407) 445-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #