

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

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90036 034 \*\*\*\*\*61.25

**DOCUMENT # N02000004926**

1. Entity Name

**GREATER WORKS TEMPLE OF DELIVERANCE, INCORPORATE  
D**



Principal Place of Business

2117 W 44TH ST  
JACKSONVILLE FL 32209

Mailing Address

PO BOX 54569  
JACKSONVILLE FL 32245-4569

2. Principal Place of Business

11757 beach Blvd  
Unit 9

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

35-2171731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, KATRINA  
2337 LONGMONT DR  
JACKSONVILLE FL 32209-3224

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**

**After September 10, 2003, min will be \$236.25**

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 P  
NAME JACKSON, ROBERT T  
STREET ADDRESS 2337 LONGMONT DR  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE V  
NAME JACKSON, KATRINA Y  
STREET ADDRESS 2337 LONGMONT DR  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE S  
NAME LEWIS, ANDRE  
STREET ADDRESS 9024 BERENS ST  
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ Delete

TITLE T  
NAME HUFF, JAMES  
STREET ADDRESS 12259 BUCKS HARBOR DR N  
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**NOTARIZATION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)