


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

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 009 ****61.25

DOCUMENT# N02000005790	
1. Entity Name FULL GOSPEL BIBLE DELIVERANCE MINISTRIES, INC	

DO NOT WRITE IN THIS SPACE

20054092

2. Principal Place of Business 701 N OCEAN, BOX 2104		3. Mailing Address SA ME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State ME	
Zip 32202	Country USA	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 52-2368702		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name WM L CLARK		
Street Address (P.O. Box Number is Not Acceptable) 701 N OCEAN, BOX 2104			
City JACKSONVILLE			FL Zip Code 32202

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 **XDP M S (Bill) Clark** DATE **4-27-05**

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 PRES	NAME WM L CLARK	TITLE	
STREET ADDRESS 701 N OCEAN, BOX 2104	STREET ADDRESS	NAME	
CITY-ST-ZIP JACKSONVILLE, FL 32202	CITY-ST-ZIP	STREET ADDRESS	
TITLE VP	NAME ROSELLA L PELHAM	TITLE	
STREET ADDRESS 1713 JULIA ST	STREET ADDRESS	NAME	
CITY-ST-ZIP AMERICAN BEACH, FL	CITY-ST-ZIP	STREET ADDRESS	
TITLE SEC/TREAS	NAME LEITA SUNDY	TITLE	
STREET ADDRESS 701 N OCEAN, BOX 2109	STREET ADDRESS	NAME	
CITY-ST-ZIP JACKSONVILLE, FL 32202	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: **Leita Sundy** DATE: **4-27-05** **904-634-8846**

CR2E037B (12/02)