

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90014 042 \*\*\*\*70.00

**DOCUMENT # N02000005872**

1. Entity Name  
**WORD OF FAITH AND DELIVERANCE MINISTRIES, INC.**



Principal Place of Business

P.O. BOX 950202  
LAKE MARY FL 32765

Mailing Address

P.O. BOX 950202  
LAKE MARY FL 32765

2. Principal Place of Business

**210 S. SANford Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANford, FL**

City & State

4. FEI Number

**71-0898094**

Applied For

Not Applicable

Zip

**32771**

Country

**Seminole**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.  
1221 BRICKELL AVE STE 900  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**CAROLYN WALKER**

Street Address (P.O. Box Number is Not Acceptable)

**3493 OAK KNOLL Pointe**

City

**LAKE MARY,**

FL

Zip Code

**32746**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-04-03**

**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 type="checkbox"/> Delete
NAME	SHAW, MATTHEW	
STREET ADDRESS	453 WEATHERSFIELD AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, TANGIE	
STREET ADDRESS	8530 MILANO DR #2128	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, CHERLETTE	
STREET ADDRESS	1729 SUNSET VIEW CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GREER, JAMES	
STREET ADDRESS	1275 W LAKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, CHARLOTTE Q	
STREET ADDRESS	1140 S ORLANDO AVE #11-J	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, HARLAN C	
STREET ADDRESS	3493 OAK KNOLL PONITE	
CITY-ST-ZIP	LAKE MARY FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN WALKER	
STREET ADDRESS	3493 OAK KNOLL Pointe	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodney Fossitt	
STREET ADDRESS	1310 DOUGLAS	
CITY-ST-ZIP	SANford, FL 32771	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angel Perez	
STREET ADDRESS	2384 CLAY CT	
CITY-ST-ZIP	Longwood, FL 32779	
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:

*[Signature]* SIGNATURE REQUIRED

**01-04-03 407-333-0678**

CR2E037 (10/02)