


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

3/6/

03-06-2003 90134 009 ****61.25

DOCUMENT # N02000008663			
1. Entity Name NEW CHURCH OF FREWILL DELIVERANCE PRAISE HOLINE SS OUTREACH MINISTRIES HEADQUARTER INC			
Principal Place of Business 7006 STAPOINT CT SUITE A WINTERPARK FL 32792		Mailing Address 7006 STAPOINT CT SUITE A WINTERPARK FL 32792	
2. Principal Place of Business 7006 Stapoint ct		3. Mailing Address 7006 Stapoint ct	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Winterpark, FL		City & State Winterpark	
Zip 32792	Country USA	Zip 32792	Country USA
4. FEI Number 43-1981095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STUBBS, ANNETTE M VICE PR 7006 STAPOINT CT SUITE A WINTERPARK FL 32792		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 <u><i>Annette M Stubbs</i></u> DATE <u>3/4/03</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBBS, CAL H BISHOP D 7006 STAPOINT SUITE A WINTERPARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUBBS, ANNETTE M PASTOR D 7006 STAPOINT SUITE A WINTERPARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUBBS, SHANTAE L-SECRETARIA T 2310 CARLTON RD MATLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FIELDS, ZELDA L CEO/TRE D 7006 STAPOINT CT SUITE A WINTERPARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A CLARKE, MILDRED ADVISO T 6561 CHANTRY ST ORLANDO FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Annette M Stubbs</i></u>		DATE: <u>3/4/03</u> DAYTIME PHONE: <u>(407) 679-2717</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (10/02)