

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS REGISTRATION
03 OCT 20 AM 8:58

DOCUMENT # N02000008966

1. Entity Name
THE POWER of DELIVERANCE Church of
GOD IN CHRIST, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3855 Hastings St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 680716
Suite, Apt. #, etc.

City & State
Orlando, FL 32808
Zip Country
USA

City & State
Orlando, FL 32808
Zip Country

REINSTATEMENT 03

10/13/03 01008 003 61.25

4. FEI Number
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Kevin R. Crawford
Street Address (P.O. Box Number is Not Acceptable)
1510 N. Hudson St.
City: Orlando FL Zip Code: 32808

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PASTOR Kevin R. Crawford 1510 N. Hudson St. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE Willie Bell 1707 LESCOT LANE Orlando FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE Jacqueline Crawford 1510 N. Hudson St. Ori, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NICIMA JONES #821 1001 NIGHTHAWK Lane Ori. FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JERRY DORN 1510 N. Hudson St. Orlando, FL 32808
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Crawford 10/16/03 297-8060

10/21/03

CR2E037B (12/02)