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

2/12

**FILED**
**Feb 27, 2003 8:00 am**
**Secretary of State**
02-12-2003 90075 019 ****70.00

DOCUMENT # N02000009152

1. Entity Name
DELIVERANCE & HARVEST MINISTRIES,INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5014 26 TH AVENUE SOUTH<br>GULFPORT FL 33707 | 5014 26 TH AVENUE SOUTH<br>GULFPORT FL 33707 |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5118 29th Ave So. | 5118 29th Ave. So. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Gulfport, FL 33707 | Gulfport, FL ? |
| City & State | City & State |
| Gulfport, FL 33707 | Gulfport, FL. |
| Zip / Country: 33707 / USA | Zip / Country: 33707 / USA |

4. FEI Number: 65-1171161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUCKEBA, RALPH N DR.
5014 26 TH AVE. SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name: HUCKEBA, RALPH N. DR.
Street Address (P.O. Box Number is Not Acceptable): 5118 29th Ave. So.
City: Gulfport FL Zip Code: 33707

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: DR. RALPH N. HUCKEBA, PRESIDENT DATE: 02/08/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HUCKEBA, RALPH N DR.<br>5014 26TH AVE. SOUTH<br>GULFPORT, FL 33707 | ☐ Delete | PRESIDENT<br>HUCKEBA, RALPH N. DR.<br>5118 29th Ave So.<br>Gulfport, FL. 33707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KIADII, GEORGE M DR.<br>5201 15TH AVENUE SOUTH<br>GULFPORT FL 33707 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HUCKEBA, PATRICIA L MRS.<br>5014 26TH AVENUE SOUTH<br>GULFPORT FL 33707 | ☐ Delete | VP<br>HUCKEBA, PATRICIA L. MRS.<br>5118 29th Ave. So.<br>Gulfport, FL. 33707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KIADII, JENNIE MRS.<br>5201 15TH AVENUE SOUTH<br>GULFPORT FL 33707 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: DR. RALPH N. HUCKEBA PRESIDENT 02/10/03 727-327-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #