

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009648

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: CRY LOUD DELIVERANCE MINISTRIES INC.

## Current Principal Place of Business:

5124 INDIAN LAKES CT #3  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

5124 INDIAN LAKES CT #3  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, SHANITA  
5124 INDIAN LAKES CT #3  
JACKSONVILLE, FL 32210

## Name and Address of New Registered Agent:

JAMES, SHANITA Y PASTOR  
5124 INDIAN LAKES CT #3  
JACKSONVILLE, FL 32210

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.

SIGNATURE: SHANITA JAMES

04/30/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: RANDOLPH, DIANE T  
Address: 3052 CRANBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D ( ) Change (X) Addition  
Name: VANDYKE, LATOYA T  
Address: 3052 CRANBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D ( ) Change (X) Addition  
Name: BASE, YVONNE T  
Address: 2103 WT 16TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: P ( ) Change (X) Addition  
Name: JAMES, SHANITA Y D  
Address: 5124 INDIAN LAKES CT#3  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V ( ) Change (X) Addition  
Name: THOMAS, DEBORAH D T  
Address: 1632 WT 11TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S ( ) Change (X) Addition  
Name: ROBIN, MARY T  
Address: 4064 EARNST ST  
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANITA JAMES

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date