

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

DOCUMENT # NO3000000202
1. Entity Name
True Deliverance Ministries Incorporated

FILED
08 SEP 22 PM 4:35
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <u>3041 N.W. 5 Ct.</u>		3. Mailing Address <u>3041 N.W. 5 Ct.</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>Ft. Lauderdale</u>		City & State <u>Ft. Lauderdale</u>	
Zip <u>Florida</u>	Country <u>Broward</u>	Zip <u>Fla.</u>	Country <u>Broward</u>

4. FEI Number <u>30-0018736</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Shirley J. Mitchell
Street Address (P.O. Box Number is Not Acceptable)
3041 N.W. 5 Ct
City Ft. Lauderdale FL Zip Code 33311

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.

SIGNATURE [Signature] DATE 9/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE <u>P</u> NAME <u>Shirley J. Mitchell</u> STREET ADDRESS <u>3041 N.W. 5 Ct</u> CITY - ST - ZIP <u>Ft. Lauderdale, FL 33311</u>
TITLE <u>MS</u> NAME <u>Maxwell, Tammy L</u> STREET ADDRESS <u>2760 Somerville</u> CITY - ST - ZIP <u>Ft. Lauderdale, FL 33311</u>
TITLE <u>MT</u> NAME <u>Janelle, Daniel Olivia</u> STREET ADDRESS <u>2236 N.W. 26 Ave</u> CITY - ST - ZIP <u>Ft. Lauderdale, FL 33311</u>
TITLE <u>MT</u> NAME <u>Daniel, Woodrow</u> STREET ADDRESS <u>2236 N.W. 26 Ave</u> CITY - ST - ZIP <u>Ft. Lauderdale, FL 33311</u>
TITLE <u>T</u> NAME <u>Calrise Velveka Daniel</u> STREET ADDRESS <u>2236 N.W. 26 Ave</u> CITY - ST - ZIP <u>Ft. Lauderdale, FL 33311</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>79/22</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>200136271362</u> <u>09/23/08--01050--003 **70.00</u>
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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 or without other like empowered.

SIGNATURE: Shirley J. Mitchell Shirley J. Mitchell 9/18/08 9545810680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)