

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07363

1. Entity Name

THE DELIVERANCE CHURCH OF THE BODY OF CHRIST INC

Principal Place of Business

2708 23RD AVE  
TAMPA FL 33610-4516  
US

Mailing Address

P O BOX 7014  
ST. PETERSBURG FL 33734  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3008499

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, GEORGE  
1250 SKIPPER RD  
TAMPA FL 33613

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.

SIGNATURE

*GEORGE BAILEY*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

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 PD ☐ Delete  
NAME BAILEY, GEORGE (PASTOR)  
STREET ADDRESS 1250 SKIPPER RD  
CITY-ST-ZIP TAMPA FL

TITLE V ☐ Delete  
NAME BRINSON, ERNEST  
STREET ADDRESS 3511 EAST 25TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE DT ☐ Delete  
NAME BURNERY, ARTHUR  
STREET ADDRESS 913 22ND AVE.  
CITY-ST-ZIP TAMPA FL

TITLE DT ☐ Delete  
NAME WILKINS, JESSE  
STREET ADDRESS 1646 PRESTON STREET S.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *George Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-903-9073

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90251 023 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)