

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

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90107 042 \*\*\*\*61.25

DOCUMENT # *NO7363*  
1. Entity Name: *The Deliverance Church Of The Body of Christ Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2708 23rd Ave.*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Tampa, FL*

City & State

Zip

*33605*

Country

*Hillsborough*

Country

*Hillsborough*

DO NOT WRITE IN THIS SPACE

*59-3008499*

4. FEI Number

*39-00-219831-55C*

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *George Bailey*

Street Address (P.O. Box Number is Not Acceptable)

*12507 Tinsley Cr. Apt. 8-301*

City

*Tampa*

FL

Zip Code

*33612*

**DO NOT WRITE  
IN THIS SPACE**

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]*  
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  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *Pastor*  
NAME *George Bailey*  
STREET ADDRESS *12507 Tinsley Cr. Apt. 8-301*  
CITY-ST-ZIP *Tampa, FL 33612*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Minister*  
NAME *Ernest Brinson*  
STREET ADDRESS *4504 N. 35th St.*  
CITY-ST-ZIP *Tampa, FL 33610*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Deacon*  
NAME *Jessie Wilkins*  
STREET ADDRESS *1646 Preston St. So.*  
CITY-ST-ZIP *St. Petersburg, FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Deacon*  
NAME *Arthur Burney*  
STREET ADDRESS *1610 Hacienda Ct.*  
CITY-ST-ZIP *Tampa, FL 33605*

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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: *George Bailey*

*9/11/02* *813* *903-9073*

CR2E037B (12/01)