2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 16, 2000 8:00 am
Secretary of State
05-04-2000 90090 023 ****61.25

DOCUMENT # N14171

1. Entity Name

DELIVERANCE PENTACOST CHURCH, INC.

(R)

Principal Place of Business	Mailing Address
5110 PEMBROKE ROAD HOLLYWOOD FL 33021-8112	5110 PEMBROKE ROAD HOLLYWOOD FL 33021-8112

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O Box 190192
City & State	City & State Ft Lauderdale Florida
Zip / Country	Zip / Country 33319-0192 Broward

4. FEI Number 59-2671567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LOBERSTEIN, MARK J~~ Lewis S. Kimler ~~C/O BENSON, MOYLE & MUCCI, LLP~~ 600 N.E. 3 Ave ~~ONE FINANCIAL PLAZA, STE 1600~~ Fort Lauderdale, Fla ~~FORT LAUDERDALE FL 33394-1697~~ 33304	Name: Poole Easton Kerr Street Address (P.O. Box Number is Not Acceptable): 6040 S W 33 Street City: Miramar FL Zip Code 33023

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 _____ DATE

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLESON, GEORGE P 4713 N.W. 4TH COURT PLANTATION FL 33317	☐ Delete	TITLE = P HYACINTH E Solomon 4332 NW 48th Ave Ft Lauderdale FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TASD DUNBAR, VALERIE 2020 N.W. 28TH TERRACE FT. LAUDERDALE FL 33311	☐ Delete	TITLE = T Enid A Robinson 300 Florida Avenue Ft Lauderdale FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMERY, HERMINE 4808 NW 42 AVE, TAMARAC FL 33319	☐ Delete	TITLE = S Colleen P DAWKINS 2020 Adams St Hollywood FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON-BRISCO, SYLVIA 15210 NW 33 AVE OPA LOCKA FL 33054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAT SOLOMON, HYACINTH D 4322 N.W. 48TH COURT FT LAUDERDALE FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWKINS, PATRICIA P.O. BOX 640853 MIAMI FL 33164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Hyacinth E Solomon 6/2/2000 731-3157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #