

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15496

1. Entity Name

FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90081 032 \*\*\*\*61.25

Principal Place of Business

104 N PINE ST  
PALATKA FL 32177

Mailing Address

104 N PINE ST  
PALATKA FL 32177-2718  
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, K  
104 N PINE ST  
PALATKA FL 32177

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME THOMAS, K  
STREET ADDRESS 104 N PINE ST  
CITY-ST-ZIP PALATKA FL ☐ Delete

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

TITLE TR  
NAME THOMAS, E  
STREET ADDRESS 104 N. PINE ST.  
CITY-ST-ZIP PALATKA FL 32177 ☒ Delete

TITLE TR  
NAME Glouise Thomas  
STREET ADDRESS 104 N. Pine St  
CITY-ST-ZIP Palatka, Fla. 32177 ☒ Change ☐ Addition

TITLE ST  
NAME BAKER, ONA  
STREET ADDRESS 225 BERNKIAM ST.  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

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

TITLE D  
NAME THOMAS, KEITH  
STREET ADDRESS 104 PINE ST  
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE Vice President  
NAME Robert L. Baker  
STREET ADDRESS  
CITY-ST-ZIP Palatka, Fla. 32177 ☒ Change ☐ Addition

TITLE D  
NAME BOONE, ELDER AUDLEY  
STREET ADDRESS 115 LEWIS BROER RD  
CITY-ST-ZIP E. PALATKA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Glouise Thomas* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 904-328-7715

Date

Daytime Phone #

CR2E037 (9/99)