

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90005 036 ****70.00

DOCUMENT # N17995

1. Entity Name

UNITED DELIVERANCE, CHURCH OF GOD IN CHRIST, INC

Principal Place of Business

Mailing Address

**1120 LINCOLN RD
 WEST PALM BEACH FL 33407
 US**

**624 35TH ST
 WEST PALM BEACH FL 33407-4834
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2812586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHITE, LEWIS E., PASTOR
 624-35TH ST., P.O. BOX 148
 WEST PALM BEACH FL 33402**

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:

FEES 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	P.	<input type="checkbox"/> Delete
NAME	WHITE, ELDER LEWIS E.	
STREET ADDRESS	624-35TH ST	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	WHITE, SANDRA, J	
STREET ADDRESS	624-35TH ST	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, SHIRLEY	
STREET ADDRESS	710 10TH ST, APT #4	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYAN, HELEN O.	
STREET ADDRESS	543 CHEERFUL ST	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRINGER, MARCO	
STREET ADDRESS	5710 RAE AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, INEZ	
STREET ADDRESS	939 35TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

David J. White
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

(561) 820-2464

CR2E037 (9/99)