

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 020 *****70.00

0049871

DOCUMENT # N17995

1. Entity Name

UNITED DELIVERANCE, CHURCH OF GOD IN CHRIST, INC

Principal Place of Business

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

Mailing Address

**624 35TH ST
 WEST PALM BEACH FL 33407
 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

59-2812586

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

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

Sandra J. White REGISTERED *Sandra J. White*

5/31/01

\$561-
 \$12,820-2464

CR2E037 (10/00)