2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State **DOCUMENT # N17995** 1. Entity Name 05-28-2002 91715 017 ****70.00 United Deliverance, Church of God in Christ, inc Principal Place of Business Mailing Address #20 LINCOLN RD 624 35TH ST WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2812586 Not Applicable Zip' Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, LEWIS E., PASTOR 624-35TH ST., P.O. BOX 148 **WEST PALM BEACH FL 33402** Zip Code A Brown Town Town of the FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE " ${\sf PM}$ ☐ Delete TITLE Change ☐ Addition WHITE, ELDER LEWIS E. NAME NAME 624-35TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL CITY-ST-7IP TITLE 4 ☐ Delete TITLE **Change** ☐ Addition WHITE, SANDRA, J NAME NAME STREET ADDRESS 624-35TH ST = -- === STREET ADDRESS. CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition **BROWN, SHIRLEY** NAME NAME STREET ADDRESS 710 10TH ST, APT #4 STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BRYAN, HELEN O. NAME STREET ADDRESS 543 CHEERFUL ST STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE D ☐ Defete TITLE 1348 Climbin, Roselane WPB, 76 33415 NAME STRINGER, MARCO NAME STREET ADDRESS 5710-RAE AVE STREET ADDRESS CITY-ST-7IP W Palm BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition WILLIAMS, INEZ NAME NAME STREET ADDRESS 939-35TH-ST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 Riviera CITY-ST-ZIP

12.11 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.

FILED