2001 UNIFORM BUSINESS REPORT (UBR)

0009482

DOCUMENT # N19498

1. Entity Name

EMMANUEL DELIVERANCE CHURCH OF GOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 1:54
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****206.25 ****206.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1309 GEORGIA AVENUE WEST PALM BEACH FL 33401	1309 GEORGIA AVENUE WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
1309 Georgia Avenue	1309 Georgia Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, Florida
Zip: 33401 Country: United States	Zip: 33401 Country: U.S.

4. FEI Number 65-0218632 ☐ 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
MARCELLE, NORBERT S JR 1600 39TH ST. WEST PALM BEACH FL 33407	Name: Beatrice Marcelle Street Address (P.O. Box Number is Not Acceptable): 1600 39th Street City: West Palm Beach **FL** Zip Code: 33407

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: Beatrice Marcelle — 2/3/02

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
After September 12, 2001, min. will be $236.25

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 MARCELLE, NORBERT S JR 1600 39TH ST. WEST PALM BEACH FL 33407 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Egbulonu, Kimberly P. O. Box 1822 West Palm Beach, FL. 33402 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCELLE, BEATRICE 1600 39TH ST W PALM BEACH FL 33407 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD McKinzy, Mary 1099 W. 27th Street Riviera Beach, FL. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEBRA CONEY 225 N. D STREET LAKE WORTH FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Paulette Haywood 3901-36th Ct. #209A West Palm Beach, FL. 33401 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARY CONEY 225 N. D STREET LAKE WORTH FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Adriane Marcelle 1432 8th Street West Palm Beach, FL. 33401 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULETTE SIMMONS 3901 36TH COURT #209A WEST PALM BCH FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Isaac Young 101 N. Chillingsworth West Palm Beach, FL. 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGBULONU, KIMBERLY 1600 -39TH ST WEST PALM BEACH FL 33401 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D B.L. Marcelle 1600 39th Street West Palm Beach, FL. 33407 ☒ Change ☐ Addition

CR2E037 (5/01)

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: Kimberly Egbulonu — 2/3/02 (561)838-4262