

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 031 ****61.25

DOCUMENT # N20035

1. Entity Name

THE PEOPLE'S CHURCH OF DELIVERANCE INC.

Principal Place of Business

Mailing Address

1400 CENTRAL AVENUE
SARASOTA FL 34236
US

% JOE L. WIGGS
1282 42 ST.
SARASOTA FL 34234-4618

2. Principal Place of Business

3. Mailing Address

The People's Church of Deliverance

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2356 Colson Ave.

City & State

City & State

Sarasota Florida

Zip

Country

Zip

Country

34234

Sarasota

4. FEI Number

59-2803212

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WIGGS, JOE L.
1282 42ND ST.
SARASOTA FL 34234

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**WIGGS, JOE L.
1282 42ND STREET
SARASOTA FL US**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**NEWSOME, RICKY
1289 42ND STREET
SARASOTA FL US**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**WIGGS, EVA N
1282 42ND STREET
SARASOTA FL US**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**MCKNIGHT, LEROY JR
1314 18TH ST
SARASOTA FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STEEN, SANDRA
3000 N ORANGE AVENUE
SARASOTA FL 34234**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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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:

Joe L. Wiggs

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2000

941-355-74