

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90001 023 ****61.25

UBR001/3

DOCUMENT # N25824

1. Entity Name

JESUS' DELIVERANCE TABERNACLE, INC.

Principal Place of Business

Mailing Address

HIGHWAY 301
 P.O. BOX 729
 WALDO FL 32694

HIGHWAY 301
 P.O. BOX 729
 WALDO FL 32694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2905626

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

LOWE, JANICE A
167 SW 5TH AVE
WALDO FL 32694

Name

LOWE, JANICE A

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

167 SW 5TH AVE

City

WALDO,

FL

Zip Code
32694

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 Delete
 NAME **PD**
DAVIS, SAMUEL J.
 STREET ADDRESS **17205 N.E. HWY 301**
 CITY-ST-ZIP **WALDO FL 32694**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
DAVIS, MARTHA S.
 STREET ADDRESS **17205 N.E. HWY 301**
 CITY-ST-ZIP **WALDO FL 32694**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
DAVIS, SARAH L.
 STREET ADDRESS **14116 N.E. 160TH AVE.**
 CITY-ST-ZIP **WALDO FL 32694**

TITLE Change Addition
 NAME **STD**
DAVIS, SARAH L.
 STREET ADDRESS **10307 SW 106th AVE.**
 CITY-ST-ZIP **GRAHAM, FL. 32042**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Samuel Davis* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02

352-485-3578

CR2E037 (9/01)