

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90169 029 \*\*\*\*\*66.25

**DOCUMENT # N26831**

1. Entity Name

**NEW DELIVERANCE CENTER, INC.**



Principal Place of Business

**3130 N. POWERS DR  
6616 HENRICH DRIVE  
ORLANDO FL 32818  
US**

Mailing Address

**C/O EFETUS C. WRIGHT  
6616 HENRICH DR  
ORLANDO FL 32818-5339  
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 **NOT APPLICABLE**

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

**WRIGHT, DELKIE  
6616 HENRICH DRIVE  
ORLANDO FL 32818**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>VD FORBES, ERMINE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>3222 S. BUMBY AVENUE ORLANDO FL</b>	
TITLE NAME	<b>TD WRIGHT, DELKIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6616 HENRICH DR ORLANDO FL</b>	
TITLE NAME	<b>ST EUALEE, JOHNSON</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1415 N MONITER AVE ORLANDO FL 32818</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: OSKIN WRIGHT R DELKIE M. WRIGHT. 5.21.03. 407.290.0936

CR2E037 (10/02)