

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32906

1. Entity Name

FAITH MIRACLE DELIVERANCE, INC.

Principal Place of Business

8520 VICKI ST.
PENSACOLA FL 32514

Mailing Address

POST OFFICE BOX 17974
PENSACOLA FL 32507-1101
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

59-2958945

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

MCINTYRE, CAROL L
7201 BRUNER ST. APT 1-F
PENSACOLA FL 32526

Name

Evelyn Montalvo

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

5787 Graymont Lane

Pensacola FL 32526

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.

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, ELDER PRENECKER	
STREET ADDRESS	190 NORTH OLD CORRY FIELD RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, CAROL L	
STREET ADDRESS	510 PAULA AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIOTT, ROSE	
STREET ADDRESS	6276 FERGUSON DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Montalvo	
STREET ADDRESS	5787 Graymont Lane	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

PASTOR ELDER PRENECKER JACKSON

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90769 001 ****61.25

05-19-2000 90769 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)