

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90199 014 ****70.00

DOCUMENT # N32906

1. Entity Name
FAITH MIRACLE DELIVERANCE, INC.



Principal Place of Business

**8520 VICKI ST.
PENSACOLA FL 32514**

Mailing Address

**109 LAKEWOOD ROAD
PENSACOLA FL 32507
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JACKSON, PRENECKER
109 LAKEWOOD ROAD
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **RICHARDSON, WILLIE**
STREET ADDRESS **907 DECATOR**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **REESE, LILLIE**
STREET ADDRESS **1565 MACKLIN PLACE**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **DT** ☐ Delete
NAME **ELLIOTT, ROSE**
STREET ADDRESS **6276 FERGUSON DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **JAMES, ALBERTA**
STREET ADDRESS **229 E. BARKER STREET**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **JACKSON, MARIE**
STREET ADDRESS **109 LAKEWOOD ROAD**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DA** ☐ Delete
NAME **JACKSON, PRENECKER**
STREET ADDRESS **109 LAKEWOOD ROAD**
CITY-ST-ZIP **PENSACOLA FL 32507**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Signature Required

04-24-23

CR2E037 (10/02)