

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46631

1. Entity Name

DELIVERANCE HOUSE OF PRAYERS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90129 036 ****70.00

Principal Place of Business Mailing Address
7150 WILEY RD 7150 WILEY RD
7169 EUDINE DRIVE SOUTH 7169 EUDINE DRIVE SOUTH
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-2630
US 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 59-3127361 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DWIGHT DAVID
7169 EUDINE DRIVE SOUTH
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name Robinson, Dwight David
Street Address (P.O. Box Number is Not Acceptable)
7150 Wiley Rd.
City Jacksonville FL Zip Code 32210

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 *Dwight Robinson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/2000

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

TITLE PD
NAME ROBINSON, DWIGHT DAVID
STREET ADDRESS 7150 WILEY RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE T
NAME THOMAS, CARLA
STREET ADDRESS 4375 CONFEDERATE RT. RD. APT. 20
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE SD
NAME ROBINSON, JACKIE
STREET ADDRESS 7150 WILEY RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME MABIKA, LATARI LAWSON
STREET ADDRESS 6860 BIDDY LN.
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D
NAME MONTFORD, JULIE
STREET ADDRESS 7150 WILEY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME Stocumb-Arnold, Deborah
STREET ADDRESS 7057 SONORA DR. N.
CITY-ST-ZIP Jacksonville, FL 32244 ☒ Change ☐ Addition

TITLE
NAME Lawson, Latari Mabika
STREET ADDRESS 1591 Lane Ave. Apt. 20F
CITY-ST-ZIP Jacksonville FL 32210 ☒ Change ☐ Addition

TITLE
NAME Robinson, Jackie
STREET ADDRESS 7150 Wiley Rd.
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

TITLE
NAME Gist, Earle
STREET ADDRESS 3820 O'Reilly Rd.
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

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

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: *Dwight Robinson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 904-786-1355

CR2E037 (9/99)