

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47491

1. Entity Name

GREATER HORIZON DELIVERANCE MINISTRIES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90064 012 ****70.00

Principal Place of Business

621 18TH ST.
ORLANDO FL 32811

Mailing Address

621 18TH ST.
ORLANDO FL 32805-4612

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

59-3115009

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUMAS, ELDER ZEOLA
621 18TH ST.
ORLANDO FL 32805

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.

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

TITLE	C	<input type="checkbox"/> Delete
NAME	DUMAS, ALVIN	
STREET ADDRESS	621 18TH ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRUTUS, FREDRICKA	
STREET ADDRESS	P O BOX 555600 N/A	
CITY-ST-ZIP	ORLANDO FL 32855	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUTUS, FREDRICKA	
STREET ADDRESS	822 18TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENDRICK, JACKSON	
STREET ADDRESS	4900 S RIO GRAND AVE #23A	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	EIONDA, ELMORE	
STREET ADDRESS	5035 ELEASE ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarence Jackson	
STREET ADDRESS	915 Hillary Court	
CITY-ST-ZIP	Orlando, FL, 32805	
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:

SIGNATURE REQUIRED

Kendrick Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)