

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47491

1. Entity Name

GREATER HORIZON DELIVERANCE MINISTRIES, INC.

Principal Place of Business

621 18TH ST.  
ORLANDO FL 32811

Mailing Address

621 18TH ST.  
ORLANDO FL 32811

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

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 NAME C  
DUMAS, ALVIN  
STREET ADDRESS 621 18TH ST  
CITY-ST-ZIP ORLANDO FL  
☐ Delete

TITLE NAME TD  
JACKSON, CLARENCY  
STREET ADDRESS 915 HILLARY COURT  
CITY-ST-ZIP ORLANDO FL 32805  
☐ Delete

TITLE NAME T  
BRUTUS, FREDRICKA  
STREET ADDRESS 822 18TH ST.  
CITY-ST-ZIP ORLANDO FL 32805  
☐ Delete

TITLE NAME T  
KENDRICK, JACKSON  
STREET ADDRESS 4900 S RIO GRAND AVE #23A  
CITY-ST-ZIP ORLANDO FL 32811  
☐ Delete

TITLE NAME T  
EIONDA, ELMORE  
STREET ADDRESS 5035 ELESE ST  
CITY-ST-ZIP ORLANDO FL 32811  
☐ 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  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: *Kendrick Jackson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 407 3808819

FILED  
Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90479 002 \*\*\*\*70.00

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)