

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012083

**DOCUMENT # N48945**

1. Entity Name

**GLORIOUS CHURCH OF GOD WITH DELIVERANCE, INCORPORATION, INC.**

**FILED**  
 02 OCT 16 AM 10:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3501 N. CENTRAL AVENUE  
 TAMPA FL 33603

4306 E. 22ND AVENUE  
 TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

~~4306 E 22nd Ave~~  
 Suite, Apt. #, etc.  
 3501 N. Central Ave

4306 E 22nd Ave  
 Suite, Apt. #, etc.

City & State  
 Tampa FL

City & State  
 Tampa FL

4. FEI Number **59-3649921**

Applied For  
 Not Applicable

Zip  
 33603

Country  
 U.S.A.

Zip  
 33605

Country  
 U.S.A.

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILIERE, NETTIE  
 4306 E 22ND AVE  
 TAMPA FL 33605

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

*Nettie Viliere, Pastor for the Church*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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	VILIERE, NETTIE	
STREET ADDRESS	4306 E 22ND AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILIERE, NEOBIEN	
STREET ADDRESS	4306 E 22ND AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERAVIL, PATRICIA	
STREET ADDRESS	3411 N. CORD. STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, JAMES	
STREET ADDRESS	305 W COLUMBUS DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	E	<input type="checkbox"/> Delete
NAME	RUTLEDGE, KATELIA	
STREET ADDRESS	2417 S. 66TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300008453103	
CITY-ST-ZIP	10/18/02--01059--022 **236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300008453103	
CITY-ST-ZIP	10/18/02--01059--023 **8.75	
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		

**REINSTATEMENT** 10-11-02

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: *Nettie Viliere* 10-11-02 813-626-2536

CR2E037 (4/02)