

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 003 ****70.00

DOCUMENT # N50783

1. Entity Name

CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCOR

Principal Place of Business

1801 14TH AVE S
 ST. PETERSBURG FL 33712
 US

Mailing Address

2543 58TH TERR SOUTH
 ST PETERSBURG FL 33712-5211
 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

59-3190177

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

7. Name and Address of New Registered Agent

POWELL, WINSOME
 2543 58TH TERRACE SOUTH
 ST PETERSBURG FL 33712

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, WINSOME E	
STREET ADDRESS	2543 58TH TERRACE S	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, KAREN S	
STREET ADDRESS	2520 LYNN LAKE CIRCLE S	
CITY-ST-ZIP	ST. PETE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, ALECIA	
STREET ADDRESS	2543 58TH TERR SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ALTAMEASE	
STREET ADDRESS	534 14TH AVE. S	
CITY-ST-ZIP	SR PETERSBURG FL 33712	
TITLE	O	<input type="checkbox"/> Delete
NAME	RAMON, ANNETTE	
STREET ADDRESS	2631 70TH AVE. S.	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete

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		
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: *Winsome Powell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 727 866-0261
 Date Daytime Phone #

CR2E037 (9/99)