

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50783**

1. Entity Name

CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCOR**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90104 016 *****70.00

0062093

Principal Place of Business

**1801 14TH AVE S
ST. PETERSBURG FL 33712
US**

Mailing Address

**2543 58TH TERR SOUTH
ST PETERSBURG FL 33712
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**

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** ☐ Delete
NAME **POWELL, WINSOME E**
STREET ADDRESS **2543 58TH TERRACE S**
CITY-ST-ZIP **ST PETE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POWELL, KAREN S**
STREET ADDRESS **2520 LYNN LAKE CIRCLE S**
CITY-ST-ZIP **ST. PETE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POWELL, ALECIA**
STREET ADDRESS **2543 58TH TERR SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **O** ☐ Delete
NAME **RAMON, ANNETTE**
STREET ADDRESS **2631 70TH AVE. S.**
CITY-ST-ZIP **ST PETERSBURG FL 33712**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 727 866-0261
Date Daytime Phone #

CR2E037 (10/00)