

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N51373

1. Entity Name
UNITED DELIVERANCE CHRISTIAN CENTER, INC.



Principal Place of Business

**428 JERNIGAN AVENUE
ORLANDO, FL 32805**

Mailing Address

**428 JERNIGAN AVENUE
ORLANDO, FL 32805**



03132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3128436

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWERY, JAMES
428 JERNIGAN AVENUE
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000476500
04/06/06-80014-004 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOWERY, JAMES
STREET ADDRESS 1710 GUINYARD STREET
CITY-ST-ZIP ORLANDO, FL

TITLE VD
NAME LOWERY, EVELYN
STREET ADDRESS 1710 GUINYARD STREET
CITY-ST-ZIP ORLANDO, FL

TITLE O
NAME JEFFERSON, VIRGINIA
STREET ADDRESS 10404 WESTLEY WAY
CITY-ST-ZIP ORLANDO, FL 32825

TITLE TD
NAME ALEXANDER, CEASER
STREET ADDRESS 3037 GRANDOLA DRIVE
CITY-ST-ZIP ORLANDO, FL

TITLE S
NAME ALEXANDER, MARY
STREET ADDRESS 3037 GRANDOLA DRIVE
CITY-ST-ZIP ORLANDO, FL

TITLE O
NAME WATTS, LAURA
STREET ADDRESS 2501 KINGSLAND AVE
CITY-ST-ZIP ORLANDO, FL 32808

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James Lowery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 407 295 7294
Date Daytime Phone #