

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51456**

1. Entity Name

CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE**FILED****Feb 14, 2001 8:00 am**
Secretary of State

02-14-2001 90017 010 ****61.25

Principal Place of Business

3110 NW 166TH ST
MIAMI FL 33054
US

Mailing Address

440 NW 90TH ST
MIAMI FL 33150
US

2. Principal Place of Business

3. Mailing Address

3110 N.W. 166th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL 33054

Zip

Country

Zip

Country

4. FEI Number

65-0365768

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

TUMBLING, SANDRA
440 NW 90 ST
MIAMI FL 33150

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD GORE, MARTHA 3110 NW 166 ST MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
SD TUMBLING, SANDRA 440 NW 90 ST MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
TD HARRIS, ROBERT 3110 NW 166 ST MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
DPVP TUMBLING, TIMOTHY 440 NW. 90TH ST. MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (10/00)