

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91031 034 \*\*\*\*61.25  
04-22-2003 90055 032 \*\*\*\*\*8.75

**DOCUMENT # N51456**

1. Entity Name  
**CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE  
PENTECOSTAL CHURCH, INC.**



Principal Place of Business  
**3110 NW 166TH ST  
MIAMI FL 33054  
US**

Mailing Address  
**3110 NW 166TH ST  
MIAMI FL 33054  
US**

**11006019**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0365768**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GORE, MARTHA  
3110 N.W. 166 ST  
MIAMI FL 33054**

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **GORE, MARTHA**  
STREET ADDRESS **3110 NW 166 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DEACON (TRUSTEE)** ☐ Change ☒ Addition  
NAME **DARRYL WILLIAMS**  
STREET ADDRESS **2360 N.W. 155th STREET**  
CITY-ST-ZIP **OPALOCKA, FLORIDA 33054**

TITLE **TD** ☐ Delete  
NAME **HARRIS, ROBERT**  
STREET ADDRESS **3110 NW 166 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DPVP** ☐ Delete  
NAME **TUMBLING, TIMOTHY**  
STREET ADDRESS **440 NW. 90TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:**

**MADE FOR REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 14, 2003 (305) 621-1803**  
Date Daytime Phone #

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

April 10, 2003

CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE PENTEC  
3110 NW 166TH ST  
MIAMI, FL 33054 US

Subject: **CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE**

Reference Number:

N51456

-11006019

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/CW

ANNUAL REPORTS SECTION