

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90190 044 ****61.25

DOCUMENT # **N92000000419** *No Name change Filed*

1. Entity Name
THE NEW COVENANT DELIVERANCE OUTREACH, INC.
New Covenant Praise & Worship Ministries, Inc (TM)

Principal Place of Business 1700 NW 8TH ST FORT LAUDERDALE FL 33311	Mailing Address PO BOX 1779 LAUDERDALE LAKES FL 33302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0315515		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ORR, LIVINGSTON PASTOR 2891 NW 14TH ST FORT LAUDERDALE FL 33311				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, LIVINGSTON		NAME		
STREET ADDRESS	2891 NW 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Associate Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, SAMUEL		NAME	Samuel Orr	
STREET ADDRESS	871 NW 213 TERRACE, #103		STREET ADDRESS	871 NW 213 Ter #103	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	Miami FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Minister	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGHAM, JOHN		NAME	Albertine Porter	
STREET ADDRESS	525 NW 2ND AVE #107		STREET ADDRESS	2791 NW 11st Apt 1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	FL. lauderdale FL 33311	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Nakastie ORR (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, LUCILLE		NAME	Nakastie ORR	
STREET ADDRESS	3490 NW 28TH COURT		STREET ADDRESS	2891 NW 14st	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		CITY-ST-ZIP	FL. lauderdale FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Rose Reid (Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, SHARON		NAME	Rose Reid	
STREET ADDRESS	5933 NW 23RD ST		STREET ADDRESS	1501 NW 24 Ave	
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP	FL. lauderdale FL 33311	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **1/7/02** **954-485-3870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)