

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90109 005 ****61.25

DOCUMENT # N92000000905

1. Entity Name

FAITH DELIVERANCE CHURCH OF WINTER PARK, INC.

Principal Place of Business

Mailing Address

5514 EDGEWATER DR
 ORLANDO FL 32810
 US

770 WEBSTER ST
 WINTER PARK FL 32789

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

770 W. WEBSTER, AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

4. FEI Number

59-3158104

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLE, EUCKIAL
~~3708 WOODLAKE DR.~~
~~APT. 270~~
~~ORLANDO FL 32810-3558~~

ROLLE, EUCKIAL
770 W. WEBSTER, AVE
WINTER PARK, FL
32789

Name

N/A

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

N/A

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 NAME	PD ROLLE, EUCKIAL	<input type="checkbox"/> Delete
STREET ADDRESS	3708 WOODLAKE DR., APT. 270	
CITY-ST-ZIP	ORLANDO FL 32810-3558	
TITLE NAME	VD BLAKE, VERALEANE	<input type="checkbox"/> Delete
STREET ADDRESS	3110 GOLDEN ROCK DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE NAME	T THIBOU, EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	3734 SPRINGLAND DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	770 W. WEBSTER, AVE	
CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/8/02

Date

Daytime Phone #

CR2E037 (9/01)