

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

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

04-22-2003 90050 005 ****70.00

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1. Entity Name

NEW LIFE DELIVERANCE MINISTRIES, INC.



Principal Place of Business

**115 LYNN WOOD DR.
BAINBRIDGE GA 31717**

Mailing Address

**P.O. BOX 2015
BAINBRIDGE GA 31717**

11005796



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

PO Box 6162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FLA.

4. FEI Number **65-0392491**

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

LCN

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

**PORTER, JACQUELYN C
3304 BAHAMA DR.
TALLAHASSEE FL 32311**

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. 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 **P D** ☐ Delete
NAME **PORTER, JACQUELYN C**
STREET ADDRESS **3304 BAHAMA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE **S T** ☐ Delete
NAME **PORTER, MARY ANN**
STREET ADDRESS **908 DENNARD ST.**
CITY-ST-ZIP **BAINBRIDGE GA 31717**

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

TITLE **T** ☐ Delete
NAME **PEARSON, MARTHA ANN**
STREET ADDRESS **605 LOVE STREET**
CITY-ST-ZIP **BAINBRIDGE GA 31717**

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

TITLE **MD** ☐ Delete
NAME **KNIGHT-DAWSON, ROSE**
STREET ADDRESS **502 CIRCLE DR**
CITY-ST-ZIP **QUINCY FL 32351**

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:

Jacquelyn C Porter

4/20/03 (850) 671-2583

CR2E037 (10/02)