

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90206 011 \*\*\*\*66.25

**DOCUMENT # N93000003242**

1. Entity Name

**THE LORD JESUS CHRIST HOLINESS DELIVERANCE CHURCH  
H FOR ALL PEOPLE, INC.**



Principal Place of Business

**3846 FREEMAN RD.  
JACKSONVILLE FL 32207**

Mailing Address

**3846 FREEMAN RD.  
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**GREEN, ELLENE  
3846 FREEMAN RD.  
JACKSONVILLE FL 32207**

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**

*66.25*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GREEN, ELLENE<br/>3846 FREEMAN RD.<br/>JACKSONVILLE FL 32207</b>                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>COLEMAN, FLORA D<br/>8604 BUCKINGHAM RD.<br/>JACKSONVILLE FL 32208</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>COLEMAN, MARION<br/>8604 BUCKINGHAM RD.<br/>JACKSONVILLE FL 32208</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>HARPER, JEARLDINE G<br/>7200 POWERS AVE., APT. 145<br/>JACKSONVILLE FL 32217</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCINTOSH, MARION<br/>P.O. BOX 141 N/A<br/>FLORAHOME FL 32140</b>                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HARPER, SOLOMON JR.<br/>7200 POWERS AVE., APT. 145<br/>JACKSONVILLE FL 32217</b>  | <input checked="" type="checkbox"/> Delete |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COLEMAN, FLORA D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>11217 Forestdale Rd.<br/>JACKSONVILLE FL 32218<br/>Change of Address</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COLEMAN, MARION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>11217 FORESTDALE RD<br/>JACKSONVILLE FL 32218<br/>Change of Address</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>HARPER, JEARLDINE G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>7836 NAPA DRIVE<br/>JACKSONVILLE FL 32217</b>                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 REQUIRED**

*Ellen Green 5/16/03 907378772*

CR2E037 (10/02)