

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90075 006 ****70.00

DOCUMENT # N93000003327

1. Entity Name

NATIONAL TRINITY FAITH DELIVERANCE CHURCH INC.

Principal Place of Business

**80 WEST 21 ST
 RIVIERA BEACH FL 33404
 US**

Mailing Address

**1291 WEST 2ND STREET
 RIVIERA BEACH FL 33404-7205**

2. Principal Place of Business

3. Mailing Address

1291 W. 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

80 West 21 St.

City & State

City & State

Riviera Beach FLA.

Riviera Beach FLA 33404

Zip

Zip

Country

Country

33404 us Palm Beach

33404

Palm Beach

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

Name

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

City

FL

Zip Code

**RANSOM, MOROLINE P
 1291 WEST 2ND STREET
 RIVIERA BEACH FL 33404**

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

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 STREET ADDRESS CITY-ST-ZIP	D RANSOM, JAMES 1291 2ND ST. WEST RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARNETTE, KAREN L 1805 WEST BLUE RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, PHYLLIS A 1805 WEST BLUE RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSOM, LATOYA 1291 WEST 2ND ST. RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANSOM, MOROLINE P 1291 WEST 2ND STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: Pastor Moroline Ransom **4-12-2001** **562-842-9073**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
O# N930003327
A05045

4-12-2001

TO Whom IT may Concern

I Pastor Ransom,
would like TO get
a copy OF application
That I sent IN
When I first applied
for Church Certificate,
I need IT for my Records.
Thank you

Pastor Ransom

Phone No. 561-8429073