2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am DOCUMENT # N9400001193 **Secretary of State** 1. Entity Name TRUE DELIVERANCE FELLOWSHIP, INC. 03-02-2001 90089 048 ****61.25 Principal Place of Business Mailing Address 6412-14TH ST. W. 6412-14TH ST. W. **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0500199 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRICE, RAY MOND Street Address (P.O. Box Number is Not Acceptable) TRICE, RAYMOND D 5580 FOUNTAIN LAKE CIRCLE 618 19TH STREET EAST **BRADENTON FL 34208** Zip Code BRADENTON 34207 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP CR2E037 (10/00) ☐ Delete Addition TITLE TITLE TRICE, RAYMOND D NAME NAME TRICE, RAYMOND D. STREET ADDRESS 618 19TH STREET EAST STREET ADDRESS 5580 FOUNTAIN LAKE CIRCLE APT 114 CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-7IP BRADENTON, FL 34207 TITLE ☐ Delete TITLE Change Change ☐ Addition BENNETT, CARLTON NAME NAME 3227 6TH AVE. WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 DST DST TITLE ☐ Delete TITLE Change ☐ Addition TRICE, TINA T TRICE, TIMA T NAME NAME STREET ADDRESS 618 19TH STREET EAST STREET ADDRESS 5580 FOUNTAIN LAKE CIRCLE APT IN CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** BRADENTION, FL. 34207 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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. NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR