

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90647 004 ****61.25

DOCUMENT # N94000001193

1. Entity Name

TRUE DELIVERANCE FELLOWSHIP, INC.



Principal Place of Business

**6412-14TH ST. W.
BRADENTON FL 34205**

Mailing Address

**6412-14TH ST. W.
BRADENTON FL 34205**

2. Principal Place of Business

**7690 15th St. East
Suite, Apt. #, etc.
Sarasota, FL.**

3. Mailing Address

P.O. Box 10645

Suite, Apt. #, etc.

City & State
Bradenton, FL.

Zip
34243

Country
USA

Zip
34282-0645

Country
USA



☐ 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

**TRICE, RAYMOND D
5580 FOUNTAIN LAKE CIRCLE
APT 114
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **TRICE, RAYMOND D**
STREET ADDRESS **5580 FOUNTAIN LAKE CIRCLE, APT 114**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **DV** ☐ Delete
NAME **BENNETT, CARLTON**
STREET ADDRESS **3227 6TH AVE. WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **DST** ☐ Delete
NAME **TRICE, TINA T**
STREET ADDRESS **5580 FOUNTAIN LAKE CIRCLE, APT 114**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Raymond D. Trice
Raymond D. Trice

4/9/03

941-358-1775

CR2E037 (10/02)