

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90140 010 ****70.00

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1. Entity Name

THE JESUS CHRIST DELIVERANCE MINISTRIES, INCORPORATED

Principal Place of Business

2861 N.W. 19TH ST.
 FT. LAUDERDALE FL 33311

Mailing Address

P. O. BOX 16293
 PLANTATION FL 33218
 US

2. Principal Place of Business

1181 N.W. 30th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33311

Country

Broward

Zip

Country

4. FEI Number

65-0416986

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

CLAIR, MARY

2861 N.W. 19TH ST.

FT. LAUDERDALE FL 33311

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

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **CLAIR, MISHEL**
 CITY-ST-ZIP **2861 N.W. 19TH ST.**
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CLAIR, MARY**
 CITY-ST-ZIP **2861 N.W. 19TH ST.**
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MCKINNEY, ROBERTA**
 CITY-ST-ZIP **3640 N.W. 4TH ST.**
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WRIGHT, WILLIE**
 CITY-ST-ZIP **1640 N.W. 27TH ST.**
FT. LAUDERDALE FL 33020

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:

MARY CLAIRE

July 12, 2002 (954) 584-6895

CR2E037 (4/02)