

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90356 028 ****61.25

DOCUMENT # N940000Q1886

1. Entity Name

THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINIST

Principal Place of Business

**401 WASHINGTON AVE
INVERNESS FL 34450
US**

Mailing Address

**401 WASHINGTON AVE
INVERNESS FL 34450
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3302841**

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

**JACKSON, JOHNNIE
1404 WHITTIER STREET
INVERNESS FL 34450**

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.

SIGNATURE

Johnnie Jackson Jr

2-21-01

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 ☐ Delete
NAME **P. BURTON, RUBY J**
STREET ADDRESS **755 N LEISURE OPT**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE ☐ Delete
NAME **VCMD BURTON, MICHAEL H SR.**
STREET ADDRESS **755 LEISURE PT**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE ☐ Delete
NAME **S ROGERS, ROSE M**
STREET ADDRESS **7733 S CHURCH TER4R**
CITY-ST-ZIP **FORAL CITY FL**

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

TITLE ☐ Delete
NAME **JACKSON, JOHNNIE**
STREET ADDRESS **1404 WHITTIER ST**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE ☐ Delete
NAME **D MCMAHON, NATHAN JR.**
STREET ADDRESS **801 LEROY BELLAMY ROAD**
CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE ☐ Delete
NAME **T PALMER, ANNETTE**
STREET ADDRESS **2107 PARKVIEW AVE**
CITY-ST-ZIP **LEESBURG FL**

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:

Ruby J Burton
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

352-341-1854

Daytime Phone #

CR2E037 (10/00)