

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90007 032 \*\*\*\*\*61.25

**DOCUMENT # N94000001886**

1. Entity Name

**THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**401 WASHINGTON AVE  
 INVERNESS FL 34450  
 US**

**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.*

*1-11-02*

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 **Secretary Elena Kearney**  
 STREET ADDRESS **308 Pleasant Grove Rd. Apt 4**  
 CITY-ST-ZIP **Inverness, FL 34452**

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 **T 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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-18-02* **(352) 341-0854**

Date

Daytime Phone #

CR2E037 (9/01)