

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



DO NOT WRITE IN THIS SPACE

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	P	<input type="checkbox"/> Delete
NAME	BURTON, RUBY J	
STREET ADDRESS	755 N LEISURE OPT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VCMD	<input type="checkbox"/> Delete
NAME	BURTON, MICHAEL H SR.	
STREET ADDRESS	755 LEISURE PT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ROSE M	
STREET ADDRESS	7733 S CHURCH TER4R	
CITY-ST-ZIP	FORAL CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, JOHNNIE	
STREET ADDRESS	1404 WHITTIER ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCAHON, NATHAN JR.	
STREET ADDRESS	801 LEROY BELLAMY ROAD	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALMER, ANNETTE	
STREET ADDRESS	2107 PARKVIEW AVE	
CITY-ST-ZIP	LEESBURG FL	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elona Kearney	
STREET ADDRESS	308 Pleasant Grove Rd. Apt 4	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)