


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

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

04-17-2003 90203 025 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**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 Johnnie Jackson Jr      DATE 3-28-03

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURTON, RUBY J</b>	
STREET ADDRESS	<b>755 N LEISURE OPT</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>VCMD</b>	<input type="checkbox"/> Delete
NAME	<b>BURTON, MICHAEL H. SR.</b>	
STREET ADDRESS	<b>755 LEISURE PT</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ELONA, KEARNEY</b>	
STREET ADDRESS	<b>308 PLEASANT GROVE RD APT 4</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, JOHNNIE</b>	
STREET ADDRESS	<b>1404 WHITTIER ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCMAHON, NATHAN JR.</b>	
STREET ADDRESS	<b>801 LEROY BELLAMY ROAD</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, ANNETTE</b>	
STREET ADDRESS	<b>2107 PARKVIEW AVE</b>	
CITY-ST-ZIP	<b>LEESBURG FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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 Burton      1-06-03 (352) 726-9884

CR2E037 (10/02)