

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001939

1. Entity Name

LIFE DELIVERANCE MINISTRIES CORPORATION

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90038 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 7616  
 TALLAHASSEE FL 32310

3434 BLUEJAY DR  
 TALLAHASSEE FL 32310-6902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3236193

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WATKINS, LORENZO III  
 3434 BLUEJAY DRIVE  
 TALLAHASSEE FL 32310

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

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	WATKINS, LORENZO	
STREET ADDRESS	3434 BLUE JAY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRICE, DWAYNE	
STREET ADDRESS	1428 MELVIN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, OSCAR	
STREET ADDRESS	3434 BLUE JAY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DARRYL	
STREET ADDRESS	1428 MELVIN ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, BYRON	
STREET ADDRESS	4011 CALLE DE SANTOS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRINGTON, BERNARD	
STREET ADDRESS	RT 2 BOX 342 CAPITOLD RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, TIMOTHY	
STREET ADDRESS	RT 1 Box 50-A	
CITY-ST-ZIP	LAMONT, FL. 32236	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, DWAYNE	
STREET ADDRESS	1003 EPPING FOREST	
CITY-ST-ZIP	Tall., FL. 32311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander, David	
STREET ADDRESS	735 E. NAYS ST.	
CITY-ST-ZIP	Monticello, FL. 32344	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, OSCAR	
STREET ADDRESS	16049 Rocco Rd.	
CITY-ST-ZIP	Tall., FL. 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, BYRON	
STREET ADDRESS	9326 Alcosukee Rd.	
CITY-ST-ZIP	Tall., FL. 32308	
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:

*Lorenzo Watkins III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000

599-7672  
 Daytime Phone #

CR2E037 (9/99)