

# 2001 UNIFORM BUSINESS REPORT (UBR)

001 - 1

**DOCUMENT # N94000001939**

1. Entity Name

**LIFE DELIVERANCE MINISTRIES CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 MAY -1 AM 9:58

Principal Place of Business

P O BOX 7616  
TALLAHASSEE FL 32310

Mailing Address

3434 BLUEJAY DR  
TALLAHASSEE FL 32310-6302



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

WATKINS, LORENZO III  
3434 BLUEJAY DRIVE  
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name LORENZO WATKINS  
Street Address (P.O. Box Number is Not Acceptable)  
13480 Middlefield Rd.  
City Tall. FL Zip Code 32308

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, LORENZO	
STREET ADDRESS	3434 BLUE JAY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DWAYNE	
STREET ADDRESS	1003 EPPINS FOREST	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	735 E. MAYS ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DARRYL	
STREET ADDRESS	1428 MELVIN ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" 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	JONES, TIMOTHY	
STREET ADDRESS	RT. BOX 50-A	
CITY-ST-ZIP	LAMONT FL 32336	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, ANTONETTE	
STREET ADDRESS	2415 OLD ST. AUGUSTINE RD	
CITY-ST-ZIP	TALL., FL 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEALAND, HAZEL	
STREET ADDRESS	4661 OLD MAGNOLIA RD.	
CITY-ST-ZIP	TALL., FL 32308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, STALEY	
STREET ADDRESS	501 BLAIRSTONE RD. #3901	
CITY-ST-ZIP	TALL., FL 32301	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACKLEY, ANN	
STREET ADDRESS	6730 LONGHORN DR.	
CITY-ST-ZIP	TALL., FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700004217257-0	
CITY-ST-ZIP	-05/15/01--01073--009	
	*****78.75 *****78.75	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 no 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 DATE: 4/29/01 (850) 656-9042

CR2E037 (10/00)