

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90077 021 ****61.25

DOCUMENT # N94000001939

1. Entity Name

LIFE DELIVERANCE MINISTRIES CORPORATION

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
13480 Middlefield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

4. FEI Number

59-3236193

Applied For

Not Applicable

Zip

Country

Zip
32309

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

WATKINS, LORENZO III
13480 MIDDLEFIELD RD
TALLAHASSEE FL 32308

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.

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** Delete
 NAME **WATKINS, LORENZO**
 STREET ADDRESS **3434 BLUE JAY DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** Delete
 NAME **PRICE, DWAYNE**
 STREET ADDRESS **1003 EPPINS FOREST**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** Delete
 NAME **ALEXANDER, DAVID**
 STREET ADDRESS **735 E. MAYS ST.**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** Delete
 NAME **HALL, DARRYL**
 STREET ADDRESS **1428 MELVIN ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** Delete
 NAME **GARDNER, ANTIONETTE**
 STREET ADDRESS **2415 OLD ST AUGUSTINE RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** Delete
 NAME **LEALAND, HAZEL**
 STREET ADDRESS **4661 OLD MAGNOLIA RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS **13480 Middlefield Road**
 CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **10560 Valentine Road South**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Lorenzo Watkins*

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

2/4/02

(850)656-9042

Date

Daytime Phone #

CR2E037 (9/01)