

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

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90172 004 \*\*\*\*61.25

0006796

**DOCUMENT # N94000001939**

1. Entity Name

**LIFE DELIVERANCE MINISTRIES CORPORATION**



Principal Place of Business

**P O BOX 7616  
TALLAHASSEE FL 32310  
US**

Mailing Address

**13480 MIDDLEFIELD ROAD  
TALLAHASSEE FL 32309  
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 **59-3236193**

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

7. Name and Address of New Registered Agent

**WATKINS, LORENZO III  
13480 MIDDLEFIELD RD  
TALLAHASSEE FL 32308**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WATKINS, LORENZO</b>	
STREET ADDRESS	<b>13480 MIDDLEFIELD ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRICE, DWAYNE</b>	
STREET ADDRESS	<b>1003 EPPINS FOREST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, DAVID</b>	
STREET ADDRESS	<b>735 E. MAYS ST.</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, DARRYL</b>	
STREET ADDRESS	<b>10560 VALENTINE ROAD SOUTH</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, ANTIONETTE</b>	
STREET ADDRESS	<b>2415 OLD ST AUGUSTINE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEALAND, HAZEL</b>	
STREET ADDRESS	<b>4661 OLD MAGNOLIA RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*SIGNATURE REQUIRED*

5/2/03

510-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)