

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90056 042 \*\*\*\*70.00

**DOCUMENT # N94000003315**

1. Entity Name

**DELIVERANCE OUTREACH CENTER, INC.**

Principal Place of Business

**1001 INGRAHAM AVE  
HAINES CITY FL 33845  
US**

Mailing Address

**2206 9TH ST. N.E.  
WINTER HAVEN FL 33881  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3309838**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WYATT, MARILYN J  
371 ALSTON DR  
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **KETURAH X. SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**2206 9th St. N.E.**City **WINTER HAVEN****FL**Zip Code **33881**

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

**Keturah X. Smith**  
Signature, typed or printed name of registered agent and title if applicable.**KETURAH X. SMITH**  
(NOTE: Registered Agent signature required when reinstating)**4/18/02**  
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 **D** ☐ Delete  
NAME **WYATT, MARILYN J**  
STREET ADDRESS **371 ALSTON DR**  
CITY-ST-ZIP **ORLANDO FL 32835**TITLE **D** ☐ Delete  
NAME **MAYFIELD, CARLA**  
STREET ADDRESS **420 W BAY ST**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE **D** ☐ Delete  
NAME **SMITH, KETURAH X**  
STREET ADDRESS **2206 9TH ST NE**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **WYATT, MARILYN J.**  
STREET ADDRESS **3047 WEXFORD WALK DR,**  
CITY-ST-ZIP **Smyrna, GA 30080**TITLE **D** ☒ Change ☐ Addition  
NAME **Mayfield, Carla**  
STREET ADDRESS **3419 N. Lincoln Trace Ave.**  
CITY-ST-ZIP **Smyrna, GA 30080**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**Keturah X. Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **4/18/02** Daytime Phone #**(863) 294-8211**

CR2E037 (9/01)