

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004173

1. Entity Name

CHRIST DELIVERANCE CHURCH OF GOD MINISTRIES, INC

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90009 025 ****70.00

Principal Place of Business

Mailing Address

3055 NW 76TH ST
MIAMI FL 33147

2959 NW 156TH ST
MIAMI FL 33054-2225

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

65-0520033

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, AARON H SR
2959 NW 156TH ST
MIAMI FL 33054

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, AARON H SR
2959 NW 156TH ST
MIAMI FL 33054-2225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
HALL, MARY P
2440 NW 168TH ST
MIAMI FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ROBERTS, ALICE M
2959 NW 156TH ST
MIAMI FL 33054-2225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
THORNTON, ANNIE M
1350 NW 59TH ST.
MIAMI FL 33142 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gary C. Gause (T.S.)
2470 N.W. 89th Terr.
Miami, Florida 33147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROBERTS, LULA M
6840 N W 12TH AVE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SHOTWELL, JUANITA C
1245 NW 120TH ST
N MIAMI FL 33167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 305-836-7815
Date Daytime Phone #

CP2E037 (9/99)