

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005376

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: FAITH FELLOWSHIP DELIVERANCE CENTER, INC.

Current Principal Place of Business:

636 FIRWOOD COURT
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P O BOX 161476
ALTAMONTE SPRINGS, FL 32716476 US

New Mailing Address:

FEI Number: 59-3281319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, THERESA V
636 FIRWOOD COURT
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OWENS, RUFUS L
Address: 636 FIRWOOD COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPSD () Delete
Name: OWENS, THERESA V
Address: 636 FIRWOOD COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: OWENS, MICHAEL T
Address: 636 FIRWOOD COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: JACKSON, SHARON Y
Address: 14510 SW 105TH AVE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: FOSSITT, LARACE
Address: 833 VALENCIA ST
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: DAVIS, PAULETTE
Address: 4516 SAN SEBASTIAN CIR
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA V. OWENS

VPD

04/28/2002

Electronic Signature of Signing Officer or Director

Date