

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001391**

1. Entity Name

TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES I**FILED**
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90015 040 ****61.25

0078565

Principal Place of Business

**1024 WEST BROADWAY
OCALA FL 32670**

Mailing Address

**1217 NE OSCEOLA AVE
OCALA FL 34470
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

59-3319732

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

**BROWN, ROZELLA
1217 NE OSCEOLA AVE.
OCALA FL 34470**

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BROWN, ROZELLA 1217 NE OSCEOLA AVE OCALA FL			
DT JACKSON, MARY 1613 NW 20TH AVE OCALA FL			
S JACKSON, LORETTA 1217 NE OSCEOLA AVE OCALA FL			
D LANGLEY, JOEANN 117 NW 10 AVENUE OCALA FL 34478			
D JACKSON, EDDIE L 1217 NE OSCEOLA AVENUE OCALA FL 34470			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01

CR2E037 (10/00)