

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90134 015 \*\*\*\*61.25

DOCUMENT # N95000002561

1. Entity Name

TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, I

Principal Place of Business

3788 SW 40TH ST  
HOLLYWOOD FL 33023

Mailing Address

3788 SW 40TH ST  
HOLLYWOOD FL 33023

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

11-2653554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOLNIER, PAUL M  
DOLNIER & ASSOCIATES  
609 NORTH EAST 123RD STREET  
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name Pastor Alice Monroe President  
Street Address (P.O. Box Number is Not Acceptable)  
3788 S.W. 40th Street  
City Hollywood FL Zip Code 33023

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 Alice Monroe  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Make Check Payable to  
Department of State

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COBB, COLLENE	
STREET ADDRESS	PO BOX 640853 (N/A)*	
CITY-ST-ZIP	MIAMI BEACH FL 33164	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWLAND, RUPERT	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONROE, ALICE	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, JANICHTH	
STREET ADDRESS	3789 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, DAPHNE	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITA COKE	
STREET ADDRESS	6032 BUCHANAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Davis	
STREET ADDRESS	3405 S.W. 64 ave	
CITY-ST-ZIP	Miami FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mar-Jorie Tomlinson	
STREET ADDRESS	961 N.W. 181 Street	
CITY-ST-ZIP	Miami FL 33169	
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: Pastor Alice Monroe 4/23/01 954 964 1382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)