

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90002 038 ****70.00

DOCUMENT # N95000003001

1. Entity Name

LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES

Principal Place of Business

Mailing Address

16331 N.W. 37TH PLACE
 OPA-LOCKA FL 33054

16331 N.W. 37TH PLACE
 OPA-LOCKA FL 33054

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

65-0662192

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

BENJAMIN, CYNTHIA
16331 N.W. 37TH PLACE
OPA-LOCKA 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	PD	<input type="checkbox"/> Delete
NAME	DAWKINS, JAMES W SR	
STREET ADDRESS	1630 NW 153RD STREET	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELANCY, VALERIE	
STREET ADDRESS	1951 NW 154TH ST	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAWKINS, JANICE	
STREET ADDRESS	1630 NW 153RD STREET	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, CYNTHIA	
STREET ADDRESS	16331 NW 37TH PLACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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:

Valerie Delancy REQUIRE:)

5/14/2001 305-963-5470

CR2E037 (10/00)