

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90143 035 \*\*\*\*61.25

**DOCUMENT # N95000005267**

1. Entity Name

**JESUS CHRIST CHURCH OF PRAYER AND DELIVERANCE IN**

Principal Place of Business

Mailing Address

5612 SW 18 ST  
 HOLLYWOOD FL 33023  
 US

5612 SW 18TH ST  
 HOLLYWOOD FL 33023-3059

00054101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0748654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLARK, BISHOP JERRY**  
**5612 SW 18TH ST**  
**HOLLYWOOD FL 33023**

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          | PCD                         | <input type="checkbox"/> Delete            |
| NAME           | CLARK, JERRY                |  |
| STREET ADDRESS | 5612 SW 18TH ST             |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023          |  |
| TITLE          | DS                          | <input type="checkbox"/> Delete            |
| NAME           | CLARK, CYNTHIA              |  |
| STREET ADDRESS | 5612 SW 18TH ST             |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023          |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | WARD, MOTHER TANSY          |  |
| STREET ADDRESS | 828 NW 12 TERRACE           |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MICHELL, ROTUNDA            |  |
| STREET ADDRESS | 702 N.W. 10 STREET          |  |
| CITY-ST-ZIP    | POMPANO FL                  |  |
| TITLE          | <del>HAVOYN D. TAYLOR</del> | <input checked="" type="checkbox"/> Delete |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | Taylor, D. HAVOYN           |  |
| STREET ADDRESS | 220 N.W. 8th Ave.           |  |
| CITY-ST-ZIP    | POMPANO FL                  |  |

|                |  |   |
|----------------|--|---|
| 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: *Bishop Jerry Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000 954-981-1956  
 Date Daytime Phone #

CR2E037 (9/99)