

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 025 ****61.25

0030447

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Jesus Christ Church

5612 S.W 18 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

330 N.W 20 Ave

Hollywood Fla

City & State

City & State

Pompano Beach Fl

4. FEI Number

65-0748654

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33060

Broward

33023

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CLARK, BISHOP JERRY
5612 SW 18TH ST
HOLLYWOOD FL 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

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 type="checkbox"/> Delete
NAME	HAVOLYN, TAYLOR D	
STREET ADDRESS	220 NW 8TH AVE	
CITY-ST-ZIP	POMPANO FL	
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
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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*

1-3-01) 954) 981-1956

CR2E037 (10/00)