2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # **N95000005267** 1. Entity Name 05-28-2002 90705 021 ****70.00 JESUS CHRIST CHURCH OF PRAYER AND DELIVERANCE IN C. Principal Place of Business Mailing Address 5612 SW 18TH ST 230 NW 20 AVE HOLLYWOOD FL 33023 POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0748654 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLARK, BISHOP JERRY 5612 SW 18TH ST HOLLYWOOD FL 33023 Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PCD ☐ Change ☐ Addition ☐ Delete TITLE TITLE CLARK, JERRY NAME NAME STREET ADDRESS 5612 SW 18TH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP ☐ Change ☐ Addition DS ☐ Delete TITLE TITLE CLARK, CYNTHIA NAME NAME STREET ADDRESS 5612 SW 18TH ST STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP -HOLLYWOOD FL-33023 - -☐ Change Addition ☐ Delete TITLE TITLE WARD, MOTHER TANSY NAME NAME 828 NW 12 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition Delete TITLE TITLE HAVOLYN, TAYLOR D NAME NAME STREET ADDRESS 220 NW 8TH AVE STREET ADDRESS CITY-ST-ZIP POMPANO FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Oelete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

May 2-2002 954-981-1956