2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600000680

1. Entity Name

DAYTONA DELIVERANCE CHURCH OF GOD INC.

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1		

Principal Place of Business

Mailing Address

384 MARTIN LUTHER KING BLVD DAYTONA BCH FL 32114 1100 SCOTT AVE SANDFORD FL 32771

DAYI

2. Principal Place of Business 3. Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.							
					DO NOT WRITE IN THIS SPACE					
City & State		C	City & State		4. FEI Number 59-3442389 Applied F			olied For Applicable		
					300			'''		
Zip	Coun	try Zi	р	Country	5. Certificate of Status		75 Addi [.] Required			
	6. Name and Add	ress of Current Register	ed Agent		7. Name and Address of New Registered Agent					
					Name					
WALLACE, 1100 SCOT	IT AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
SANDFORE	O FL 32771			City		FL	Zip Code	7		
8 The above	named entity submits	this statement for the pure	nose of changing its	reaistered office or reai	stered agent, or both, in the	state of Florida.				
6. The above	married entity sobring	this statement for the part	pood of analyging no	9	, , , ,					
SIGNATURE _										
	Signature, typed or printed na	me of registered agent and title if ag	oplicable. (NOTE	: Registered Agent signature req	quired when reinstating)	DATÉ				
· -			9. Election Can	npaign Financing	\$5.00 May Be	Make Check Pa	ıyable t	to		
₩ F	FILE NOW: FEE I	S \$61.25	Trust Fund Contribution.		Added to Fees	Department o	f State			
Que,										
10.	OF	FICERS AND DIRECTORS	Š	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC				
TITLE	P		☐ Delete	TITLE		Ш	Change	☐ Addition		
NAME	WALLACE, QUINTI	NT		NAME				j.		
STREET ADDRESS	1100 SCOTT AVE			STREET ADDRESS						
CITY-ST-ZIP	SANFORD FL			CITY-ST-ZIP						
TITLE	TR	······	☐ Delete	TITLE			Change	☐ Addition		
NAME	BROWN, LORENZO)		NAME						
STREET ADDRESS	1100 SCOTT AVE			STREET ADDRESS				1		
CITY-ST-ZIP	SANFORD FL	والمعلوبين والمجهوبين	دون ا میوانی دوسیدست	CITY-ST-ZIP	e a establish	* • • · · · · · · · · · · · · · · · · ·	-	.,,		
TITLE	TR		☐ Delete	TITLE			Change	☐ Addition		
NAME	NEDD, I			NAME						
STREET ADDRESS	1100 SCOTT AVE			STREET ADDRESS						
CITY-ST-ZIP	SANFOR FL			CITY-ST-ZIP						
TITLE	TR		☐ Delete	TITLE			Change	☐ Addition		
NAME	BURSON SR, HEN	RY	T Delete	NAME		_	-			
STREET ADDRESS	1100 SCOTT AVE	***		STREET ADDRESS						
CITY-ST-ZIP	SANFORD FL			CITY-ST-ZIP						
	OAN OND IL		-				Change	Addition		
TITLE			☐ Doloto	TITLE		1	CHAILOR			
MARAT			Delete	TITLE		نـا	Change			
NAME STREET ADDRESS			☐ Defete	TITLE NAME STREET ADDRESS		نا	Change			

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

5-7-02

(386) 253-2616

Change

☐ Addition

Davtime Phone #

FILED

Oct 02, 2002 8:00 am Secretary of State

10-02-2002 90118 029 ****61.25

R2E037 (9/01)