

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90726 040 \*\*\*\*70.00

**DOCUMENT # N96000004396**



1. Entity Name  
**DELIVERANCE CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business  
**1180 GEORGIA AVE  
CLEWISTON FL 33440**

Mailing Address  
**P O BOX 1075  
CLEWISTON FL 33440**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>APPLIED FOR</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>HULEN, JAMES L 25 PALM CIRCLE AVON PARK FL 33825</del>				Name <b>GERALD M. I FILL</b>			
				Street Address (P.O. Box, Number is Not Acceptable) <b>928 MISSISSIPPI AVENUE</b>			
				City <b>CLEWISTON</b>		FL	Zip Code <b>33440</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>HULEN, JAMES L</del>			NAME	<b>GERALD M. I FILL</b>		
STREET ADDRESS	<del>25 PALM CIRCLE</del>			STREET ADDRESS	<b>928 MISSISSIPPI AVENUE</b>		
CITY-ST-ZIP	<del>AVON PARK FL 33825</del>			CITY-ST-ZIP	<b>CLEWISTON, FLA, 33440</b>		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, SYLVIA A</b>			NAME			
STREET ADDRESS	<b>939 VIRGINIA AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>I FILL, GERALD</del>			NAME	<b>ABLON ANDERSON</b>		
STREET ADDRESS	<del>928 MISSISSIPPI AVE</del>			STREET ADDRESS	<b>939 VIRGINIA AVENUE</b>		
CITY-ST-ZIP	<del>CLEWISTON FL 33440</del>			CITY-ST-ZIP	<b>CLEWISTON, FLA, 33440</b>		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>CROMES, SHIRLEY R</del>			NAME	<b>Rogie Thompson</b>		
STREET ADDRESS	<del>1167 DELL-TOBIAS AVE</del>			STREET ADDRESS	<b>1208 KENTUCKY AVENUE</b>		
CITY-ST-ZIP	<del>CLEWISTON FL 33440</del>			CITY-ST-ZIP	<b>CLEWISTON, FLA, 33440</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: SIGNATURE REQUIRED**

CR2E037 (10/02)