

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005185

1. Entity Name

BIBLE DELIVERANCE PENTECOSTAL CHURCH OF GOD INC

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90032 009 ****61.50

Principal Place of Business 2295 NW 59 ST MIAMI FL 33142 US	Mailing Address 4603 N.W. 11 AVE. MIAMI FL 33127-2237 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2295 N.W. 59 St.</i>	3. Mailing Address <i>4603 N.W. 11 Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami, Fla.</i>	City & State <i>Miami, Fla.</i>	4. FEI Number 65-0741850	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33142</i>	Country <i>DADE</i>	Zip <i>33127</i>	Country <i>DADE</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THORNTON, JR., ROBERT BISHOP
 4603 N.W. 11 AVENUE
 MIAMI FL 33127

7. Name and Address of New Registered Agent

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 *Bishop Robert Thornton Jr.* DATE *2-23-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, ROBERT JR.
STREET ADDRESS	4603 N.W. 11 AVENUE
CITY-ST-ZIP	MIAMI FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMSON, GARLAND
STREET ADDRESS	14441 N.W. 15 DRIVE
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	SHORTWELL, JAMES
STREET ADDRESS	2432 N.W. 169 TERR.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, ALVIN
STREET ADDRESS	8271 N.W. 5TH CT.
CITY-ST-ZIP	MIAMI FL 33150
TITLE	D <input type="checkbox"/> Delete
NAME	SHORTWELL, ROBERT
STREET ADDRESS	2274 N.W. 81 STREET
CITY-ST-ZIP	MIAMI FL 33147
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)