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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF ST
TALLAHASSEE, FLO

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DOCUMENT # N96000005882

1. Entity Name
Deliverance Restoration and Miracle Ministries, INC.

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2. Principal Place of Business	3. Mailing Address
4625 N.W. 180 ST.	PO BOX 381677
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA FL	City & State: MIAMI FL
Zip: 33055 Country: USA	Zip: 33238 Country: USA

4. FEI Number: 65-0410739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rev Errol D. Hall DD.

Street Address (P.O. Box Number is Not Acceptable): 410 N.E. 180th DRIVE

City: N.M.B. FL Zip Code: 33162

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: Rev Errol D. Hall — 8/25/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD - HALL, ERROL D. Rev 9225 N MIAMI AVE. MIAMI SHORES FL 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD - HALL, KAREN 9225 N. MIAMI AVE MIAMI SHORES FL 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Guthrie, Albert Rev 9225 N. MIAMI AVE. MIAMI SHORES FL 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Shaw, Joan 9225 N. MIAMI AVE. MIAMI SHORES FL 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/25/02 - 305-653-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #