

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90132 029 *****75.00

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1. Entity Name

DELIVERANCE RESTORATION AND MIRACLE MINISTRIES, INC.



Principal Place of Business

**4625 NW 180 ST
OPA LOCKA FL 33055**

Mailing Address

**P.O. BOX 381677
MIAMI FL 33238**

2. Principal Place of Business

541 SW 113 Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines FL.

City & State

Zip

33025

Country

USA

Zip

Country

4. FEI Number **65-0710739**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, ERROL D REV.
410 N.E. 180TH DRIVE
N.M.B. FL 33162**

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

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **HALL, ERROL D REV.**
STREET ADDRESS **9225 N. MIAMI AVENUE**
CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE **D** ☐ Delete
NAME **GUTHRIE, ALBERT REV.**
STREET ADDRESS **9225 N. MIAMI AVENUE**
CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE **VD** ☐ Delete
NAME **HALL, KAREN**
STREET ADDRESS **9225 N. MIAMI AVENUE**
CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE **D** ☐ Delete
NAME **SHAW, JOAN**
STREET ADDRESS **9225 N. MIAMI AVENUE**
CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 employment.

SIGNATURE:

SIGNATURE REQUIRED

04-25-03

954-815-3987

CR2E037 (10/02)