

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000623

1. Entity Name

JESUS CHRIST PRAYER BAND CHURCH OF DELIVERANCE A

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 038 ****70.00

Principal Place of Business

Mailing Address

2725 N OSPREY AVE
SARASOTA FL 34234
US

POST OFFICE BOX 3752
SARASOTA FL 34230-3752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0853176

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIPES, MILDRED PASTOR
2014 EDGEWATER DRIVE
SARASOTA FL 34234

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SNIPES, MILDRED PASTOR
STREET ADDRESS 2014 EDGEWATER DRIVE
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE VD ☐ Delete
NAME SNIPES, LEE
STREET ADDRESS 2014 EDGEWATER DRIVE
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE SD ☐ Delete
NAME MCKNIGHT, LEOLA
STREET ADDRESS 2700 PALMADELIA AVENUE #6
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE TD ☐ Delete
NAME SNIPES, CHANTELL
STREET ADDRESS 2014 EDGEWATER DRIVE
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE MD ☐ Delete
NAME GRIMES, LILLIE M
STREET ADDRESS 2241 COCOANUT AVENUE
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE RSD ☐ Delete
NAME GRANT, FRANCINE
STREET ADDRESS 2421 22ND STREET
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ 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:

Mildred Snipes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 955-2412

CR2E037 (9/99)