2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State DOCUMENT # N9700000623 05-16-2001 90262 048 \*\*\*\*70.00 JESUS CHRIST PRAYER BAND CHURCH OF DELIVERANCE A Principal Place of Business Mailing Address 2725 N OSPREY AVE POST OFFICE BOX 3752 SARASOTA FL 34230 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0853176 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SNIPES, MILDRED PASTOR 2014 EDGEWATER DRIVE SARASOTA FL 34234 Zip Code City Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE Delete TITLE NAME SNIPES, MILDRED PASTOR NAME STREET ADDRESS 2014 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition TITLE ۷D ☐ Delete TITLE NAME NAME SNIPES, LEE STREET ADDRESS STREET ADDRESS 2014 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MCKNIGHT, LEOLA NAME STREET ADDRESS STREET ADDRESS 2700 PALMADELIA AVENUE #6 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition TITLE TITLE ☐ Delete SNIPES, CHANTELL NAME NAME STREET ADDRESS 2014 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete ☐ Change Addition TITLE MD TITLE GRIMES. LILLIE M NAME NAME STREET ADDRESS STREET ADDRESS 2241 COCOANUT AVENUE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 RSD ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

GRANT, FRANCINE

**2421 22ND STREET** 

SARASOTA FL 34234

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED**