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

## DOCUMENT # N9700000623



Secretary of State 05-02-2003 90085 042 \*\*\*\*70.00

**FILED** 

May 02, 2003 8:00 am

<ol> <li>Entity Name</li> </ol>		
JESUS CHRIST PRAYER ND SALVATION INC.	R 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 2811 17th <u> 2014 - </u> Edgewater DY, Suite, Apt. #, etc. Suite, Apt. #, etc

☐ CHECK HERE IF MAKING CHANGES

City & State City & State		<u>.</u> .	4. FÉ! Number 65-0853176	Applied For		
sarasota,	F/H	Sarasola fi	/H	00 0000 110	Not Applicable	
Zip 34234	Country 1/3 #4	34234	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Na	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent		egistered Agent			
	·	•••	Name			
SNIPES, MILDRED PASTOR 2014 EDGEWATER DRIVE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34	234					
			City		FL Zip Code	
8. The above named en		ent for the purpose of changing	ts registered office or reg	istered agent, or both, in the State of Flor	ida. I am familiar with, and accept	
SIGNATURE <b>DW</b>	for Mil	but Anige	<u>/</u>			
Signature, ty	ped or printed name of registered	agent and title if applicable. (No	DTE: Registered Agent signature re	quired when reinstating)	DATE	

9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SNIPES, MILDRED PASTOR NAME NAME STREET ADDRESS 2014 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP . SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME SNIPES, LEE NAME 2014 EDGEWATER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234~----Delete ☐ Addition Rosemary Gray 1743 Central Are NAME MCKNIGHT, LEOLA STREET ADDRESS 2700 PALMADELIA AVENUE #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, FIA 34234 SARASOTA FL 34234 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME SNIPES, CHANTELL NAME STREET ADDRESS 2014 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 MD TITI F ☐ Delete TITLE Change Addition GRIMES, LILLIE M NAME NAME STREET ADDRESS 2241 COCOANUT AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 RSD Delete Change TITLE TITLE ☐ Addition

12. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

941-953-2812

Lisa Williams

St. Petersburg FIA 33705