

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000634

1. Entity Name

THESSALONIANS DELIVERANCE HOUSE OF PRAYER, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 018 ****62.00

Principal Place of Business

5039 BROADWAY AVE
 JACKSONVILLE FL 32254
 US

Mailing Address

5039 BROADWAY AVE
 JACKSONVILLE FL 32254
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3363867

Applied For

Not Applicable

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

LAVANT, SERENA
 9115 JACKSON AVE
 JACKSONVILLE FL 32208

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
After September 13, 2000 min. will be \$236.25

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 LAVANT, MICHAEL D
 STREET ADDRESS 9115 JACKSON AVE
 CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE SD ☐ Delete
 NAME LAVANT, SERENA
 STREET ADDRESS 9115 JACKSON AVE
 CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE VD ☐ Delete
 NAME BROWN, ROBERT
 STREET ADDRESS 5032 BROADWAY AVE
 CITY-ST-ZIP JACKSONVILLE FL 32254

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

TITLE AS ☐ Delete
 NAME WILSON, VANESSA
 STREET ADDRESS 2025 E PROSPECT ST
 CITY-ST-ZIP JACKSONVILLE FL 32254

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Serena Lavant (Serena) Lavant

9/11/00 904-764-6123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)