

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000000634****1. Entity Name**
THESSALONIANS DELIVERANCE HOUSE OF PRAYER, INC.**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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**LAVANT SERENA
9115 JACKSON AVE

JACKSONVILLE FL 32208 US

Name
LAVANT SERENA**Street Address (P.O. Box Number is Not Acceptable)**
3500 TOWNSED BLVD

APT 111

City JACKSONVILLE **FL** **Zip Code** 32277**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** _____ **09/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	AS	WILSON VANESSA	2025 E PROSPECT ST JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
	VD	BROWN ROBERT	5032 BROADWAY AVE JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
	SD	LAVANT SERENA	9115 JACKSON AVE JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
	PD	LAVANT MICHAEL D	9115 JACKSON AVE JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	LAVANT SESSEL	3400 TOWNSED BLVD JACKSONVILLE FL 32277		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AS	COLLINS VANESSA	1319 LACLEDE AVE #105 JACKSONVILLE FL 32205		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	BROWN ROBERT	1370 OLD MIDDLEBURGE RD #3 JACKSONVILLE FL 32210		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	LAVANT SERENA	3500 TOWNSED BLVD #111 JACKSONVILLE FL 32277		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LAVANT MICHAEL D	3500 TOWNSED BLVD #111 JACKSONVILLE FL 32277		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** SESSEL LAVANT VD 09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)