

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000653

FILED  
Apr 15, 2003  
Secretary of State

**Entity Name:** GREATER DELIVERANCE CHURCH INC.

**Current Principal Place of Business:**

2515 E. BUS HWY. 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

7570 KELSEY DR.  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** 59-3240113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLARY, SHERLENE  
7570 KELSEY DRIVE  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDP ( ) Delete  
Name: MCCLARY, SHERLENE  
Address: 7570 KELSEY DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: FT ( ) Delete  
Name: JACKSON, CAROL  
Address: 1007 BAY AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete  
Name: BAKER, LINDA  
Address: 1711 W. 15TH ST.  
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete  
Name: JONES, NATHANIEL  
Address: 903 GREENTREE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete  
Name: MCCLARY, JAMES L  
Address: 7570 KELSEY DR.  
City-St-Zip: PANAMA CITY, FL 32404

Title: T (X) Delete  
Name: JONES, NATHANIEL  
Address: 903 GREENTREE RD.  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: FT (X) Change ( ) Addition  
Name: JACKSON, CARL  
Address: 1007 BAY AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHERLENE MCCLARY

PDP

04/15/2003

Electronic Signature of Signing Officer or Director

Date