

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001027

1. Entity Name

FAITH DELIVERANCE AND MIRACLE CENTER, INCORPORAT

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 037 ****70.00

Principal Place of Business

Mailing Address

8090 SR 100
KEYSTONE HEIGHTS FL 32656

PO BOX 99
PUTNAM HALL FL 32185

2. Principal Place of Business

282 Putnam Loop Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Putnam Hall FL

City & State

4. FEI Number

59-3411961

Applied For

Not Applicable

Zip

32185

Country

USA

Zip

Country

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

JENNINGS, STEPHAN EDWARD
282 PUTNAM LOOP RD
PUTNAM HALL FL 32185

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JENNINGS, STEPHAN E	282 PUTNAM LOOP RD	PUTNAM HALL FL 32185	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VT	JENNINGS, TERESA A	282 PUTNAM LOOP RD	PUTNAM HALL FL 32185	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	MCCASKILL, TRENESA L	282 PUTNAM LOOP RD	PUTNAM HALL FL 32185	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	JENKINS, PAMELA R	726 NE 218TH ST	LAWTEY FL 32058	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Stephan E. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

(352) 473-0254

Daytime Phone #

CR2E037 (5/00)