9/6/01-90009-001-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001343

1. Entity Name

INTERNATIONAL DELIVERANCE MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 7:31
B0063742

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16190 BUNCH PARK PLAZA 27 AVE NORTH MIAMI FL	5401 SW 21 ST HOLLYWOOD FL 33023-3113

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 65-0393533 — 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
WILLIAMS, OTIS 5401 SW 21 ST HOLLYWOOD FL 33023	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 Rosetta Williams 5/15/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25	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 STAP ☐ Delete NAME WILLIAMS, ROSETTA STREET ADDRESS 5401 SW 21 ST CITY-ST-ZIP HOLLYWOOD FL 33023		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ACTA ☐ Delete NAME WALTON, WILEY STREET ADDRESS 4300 NW 19 STREET CITY-ST-ZIP CAROL CITY FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE AST ☐ Delete NAME RICHARDSON, MARY STREET ADDRESS 1770 NW 161 ST CITY-ST-ZIP DANIA FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE AT ☐ Delete NAME WALLACE, MARTHA STREET ADDRESS 3520 NW 71 ST CITY-ST-ZIP MIAMI FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T ☒ Delete NAME WILLIAM, MAURICE STREET ADDRESS 5401 SW 21 ST CITY-ST-ZIP HOLLYWOOD FL 33023		TITLE ☒ Change ☐ Addition NAME Williams, MAVERICK STREET ADDRESS 5401 SW 21 ST, Hollywood Fl CITY-ST-ZIP 33023	
TITLE AT ☐ Delete NAME WILLIAMS, AVERY STREET ADDRESS 5401 SW 21 ST CITY-ST-ZIP HOLLYWOOD FL 33023		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037 (9/99)

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: STATUS RESTORED Otis Williams 5/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD