

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91636 031 ****61.25

DOCUMENT # N97000001343

1. Entity Name

INTERNATIONAL DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**16190 BUNCH PARK PLAZA 27 AVE
 NORTH MIAMI FL**

**5401 SW 21 ST
 HOLLYWOOD FL 33023**

2. Principal Place of Business

9150 N.W. 12th Ave.

3. Mailing Address

(Same As Above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33147

Country

FL

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

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

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
**STAP
 WILLIAMS, ROSETTA
 5401 SW 21 ST
 HOLLYWOOD FL 33023** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ACTA
 WALTON, WILEY
 4300 NW 19 STREET
 CAROL CITY FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ACTA
 Derrick Summer
 13137 S.W. 53rd St.
 Miami, FL 33028** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AST
 RICHARDSON, MARY
 1770 NW 161 ST
 DANIA FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AST
 Luella Barnes
 1356 N.W. 53rd Street
 Miami, FL** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AT
 WALLACE, MARTHA
 3520 NW 71 ST
 MIAMI FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 WILLIAMS, MAVERICK
 5401 SW 21 ST
 HOLLYWOOD FL 33023** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AT
 WILLIAMS, AVERY
 5401 SW 21 ST
 HOLLYWOOD FL 33023** ☐ Delete

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

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: Rosetta Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-1-02 954.981

CR2E037 (9/01)