2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001343

INTERNATIONAL DELIVERANCE MINISTRIES, INC.

Principal P	Place of Business	Mailing Address					
16190 BUNG NORTH MIA	CH PARK PLAZA 27 AVE MI FL	5401 SW 21 ST HOLLYWOOD FL 33023					
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9150	141000	3. Mailing Address	Above)				
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		D	O NOT WRITE IN THIS S	SPACE	
City & S		City & State		4. FE! Number			pplied For
Zin	Country	7:-		65-	0393533		ot Applicable
<u>33/</u>	47 DAde	Zip	Country	5. Certificate of Statu		\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addres	ss of New Registered A		
			Name				
WILLIAM	S, OTIS		Street Add	dress (P.O. Box Number is No	t Acceptable)		
5401 SW HOLLYW	/ 21 ST OOD FL 33023		<u> </u>				-
HOLLIN	000 1 2 33023		City	- VM 1,	F-1	Zip Cod	le
8. The above	ve named entity submits this statement	for the purpose of changing its	registered office or r	orintered areast as both it is	FL		
			Ť		State of Horida.		٠
SIGNATURE		-					
	Signature timed as a sister description of the sister of						
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE		
×	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25		mpalgn Financing	\$5.00 May Be	Make Check Departmen	Payable	to
10.	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund (mpalgn Financing	\$5.00 May Be Added to Fees	Make Check Departmen	t of State	•
TITLE	FILE NOW: FEE IS \$61.25 OFFICERS AND D	9. Election Car Trust Fund (ripalgn Financing Contribution.	\$5.00 May Be	Make Check Departmen	t of State	10
	OFFICERS AND D STAP WILLIAMS, ROSETTA	9. Election Car Trust Fund C	TIPAIGN Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Departmen	t of State	10
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2. 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kosetta Killiams . 5-1-02 754.981

FILED

05-28-2002 91636 031 ****61.25

May 28, 2002 8:00 am § Secretary of State