2000 UNIFORM BUSINESS REPORT (UBR)

changed; or on an attachment

FILED DOCUMENT # N97000001516 Feb 29, 2000 8:00 am **Secretary of State** REACH OUT DELIVERANCE MINISTRIES INC. 02-29-2000 90158 023 ****70.00 Principal Place of Business Mailing Address 3108 HAMMERSMITH ROAD 7732-2 SHOES STAR RD ORLANDO FL 32818-3073 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 36-4149370 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUNT, BRENDA 3108 HAMMERSMITH ROAD ORLANDO FL 32818 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 _ OFFICERS AND DIRECTORS. 10. 11. ☐ Addition TITLE ☐ Delete NAME HUNT, BRENDA NAME STREET ADDRESS STREET ADDRESS 3108 HAMMERSMITH ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME HUNT, JR R NAME STREET ADDRESS STREET ADDRESS 3108 HAMMERSMITH ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME COLLAZO, VENEITA STREET ADDRESS STREET ADDRESS 3108 HAMMERSMITH ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition Delete TITLE ☐ Change GREEN, REBECCA NAME NAME STREET ADDRESS STREET ADDRESS 2624 SILK WOOD CIR. APT. 623 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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