

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002218

1. Entity Name

WORD OF DELIVERANCE OUTREACH MINISTRIES, INC.

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

09-13-2000 90022 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 1751  
 ALACHUA FL 32616

P.O. BOX 1751  
 ALACHUA FL 32616

2. Principal Place of Business

3. Mailing Address

13205 N.W.

P.O. Box 1751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

157 AVE

City & State  
 Alachua FL

City & State  
 Alachua FL

Zip

Country

Zip

Country

32616

Alachua

32616

Alachua

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, ALFRED N.  
 15720 N.W. 138TH TERRACE  
 ALACHUA FL 32616

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	PD HICKS, ALFRED N 15720 N.W. 138TH TERRACE ALACHUA FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKS, LINDA F 15720 N.W. 138TH TERRACE ALACHUA FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOGAN, BERNICE 1134 NE 25TH STREET GAINESVILLE FL 32641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/00

904-462-5816

CR2E037 (5/00)