

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90102 020 \*\*\*\*70.00

**DOCUMENT # N97000002218**

1. Entity Name

**WORD OF DELIVERANCE OUTREACH MINISTRIES, INC.**

Principal Place of Business

13205 NW 157 AVE  
 ALACHUA FL 32616

Mailing Address

P.O. BOX 1751  
 ALACHUA FL 32616

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 397

Alachua FL

32616 Alachua

4. FEI Number

59-3440375

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alfred N Hicks*

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/2002

After September 13, 2002,  
 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 PD  
 NAME HICKS, ALFRED N  
 STREET ADDRESS 15720 N.W. 138TH TERRACE  
 CITY-ST-ZIP ALACHUA FL 32616 ☐ Delete

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

TITLE VD  
 NAME HICKS, LINDA F  
 STREET ADDRESS 15720 N.W. 138TH TERRACE  
 CITY-ST-ZIP ALACHUA FL 32616 ☐ Delete

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

TITLE STD  
 NAME BOGAN, BERNICE  
 STREET ADDRESS 1134 NE 25TH STREET  
 CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Delete

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alfred N Hicks*

9/12/2002

(386) 462-2595

CR2E037 (4/02)