

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003140

FILED
May 06, 2003
Secretary of State

Entity Name: PROPHETIC DELIVERANCE REVIVAL OUTREACH AND REVELATION MINISTRIES, INC.

Current Principal Place of Business:

1801 7TH AVENUE EAST
BRADENTON, FL 34270

New Principal Place of Business:

Current Mailing Address:

P O BOX 207
TALLAVAST, FL 34270 US

New Mailing Address:

FEI Number: 65-0437477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEEKS, BETTY
1817 7TH AVE EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKS, JIMMIE
Address: 1817 7TH AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: VD () Delete
Name: WEEKS, BETTY
Address: 1817 7TH AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: SD () Delete
Name: BUTLER, ANGELA
Address: 1558 25TH ST
City-St-Zip: SARASOTA, FL 34234

Title: TD () Delete
Name: COLLINS, VORONDO
Address: 1507 25TH ST
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUTLER, ANGELA
Address: 1521 31ST STREET
City-St-Zip: SARASOTA, FL 34234

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE WEEKS

PD

05/06/2003

Electronic Signature of Signing Officer or Director

Date