

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003409

1. Entity Name

ANOINTED WORD DELIVERACE CENTER, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90132 020 ****61.25

Principal Place of Business

Mailing Address

109 THIRD ST N
IMMOKALEE FL 34142
US

P O BOX 3539
IMMOKALEE FL 34143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0761600

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

FORD, GREGORY
3327 13TH ST WEST
LEHIGH ACRES FL 33971

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

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	DP	<input type="checkbox"/> Delete
NAME	FORD, GREGORY	
STREET ADDRESS	3327 13TH ST WEST	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	FORD, MARJORIE	
STREET ADDRESS	3327 13TH ST WEST	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, BARBARA	
STREET ADDRESS	3902 35TH ST. SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ROWLES, RUBIN	
STREET ADDRESS	731 18TH ST SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, SANDRA	
STREET ADDRESS	P.O. BOX 1827 N/A	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02

941-658-8222

CP2002 (9/01)