

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90158 020 \*\*\*\*61.25

0090523

**DOCUMENT # N97000003409**

1. Entity Name

**ANOINTED WORD DELIVERACE CENTER, INC.**



Principal Place of Business

**109 THIRD ST N  
IMMOKALEE FL 34142  
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **FORD, GREGORY**  
STREET ADDRESS **3327 13TH ST WEST**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **VPT** ☐ Delete  
NAME **FORD, MARJORIE**  
STREET ADDRESS **3327 13TH ST WEST**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **S** ☐ Delete  
NAME **THOMPSON, BARBARA**  
STREET ADDRESS **3902 35TH ST. SW**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **D** ☐ Delete  
NAME **JAMES, SANDRA**  
STREET ADDRESS **P.O. BOX 1827 N/A**  
CITY-ST-ZIP **IMMOKALEE FL 34143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

*5/4/03*

CR2E037 (10/02)