

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003764

1. Entity Name

GOD'S HOUSE OF DELIVERANCE, INC.

Principal Place of Business

P O BOX 634  
COLEMAN FL 33521

Mailing Address

P O BOX 634  
COLEMAN FL 33521-0634

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

59-3503599

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

INDELICATO, ESQ JOSEPH  
324 SHOPPING CENTER DRIVE  
WILDWOOD FL 32785

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 P ☒ Delete  
NAME CLARK, ALICE  
STREET ADDRESS 200 JUMPER DRIVE, APT E-1  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE VP ☒ Delete  
NAME YOUNG, CLIFFORD  
STREET ADDRESS 306 OAK STREET  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE S ☐ Delete  
NAME DAVIS, BETTY JEAN  
STREET ADDRESS 2829 PERKINS AVENUE  
CITY-ST-ZIP COLEMAN FL 33521

TITLE D ☒ Delete  
NAME YOUNG, MATTIE  
STREET ADDRESS 306 OAK STREET  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE D ☐ Delete  
NAME ADKINS, GLORIA  
STREET ADDRESS 3910 ORANGE AVENUE  
CITY-ST-ZIP COLEMAN FL 33521

TITLE D ☐ Delete  
NAME WILLIAMS, BERTHA  
STREET ADDRESS 268 C R 552  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE P ☒ Change ☐ Addition  
NAME Cynthia D. Martin  
STREET ADDRESS 2910 Orange Ave.  
CITY-ST-ZIP Coleman, Fla. 33521

TITLE VP ☒ Change ☐ Addition  
NAME Charles E. Davis  
STREET ADDRESS 2918 Perkins Ave.  
CITY-ST-ZIP Coleman, Fla. 33521

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

TITLE D ☒ Change ☐ Addition  
NAME Patricia Littles  
STREET ADDRESS 1910 Orange Ave.  
CITY-ST-ZIP Coleman, Fla. 33521

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-748-0349

FILED  
Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90030 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)