

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90036 017 *****70.00

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

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
NAME MARTIN, CYNTHIA D ☐ Delete
STREET ADDRESS 2910 ORANGE AVENUE
CITY-ST-ZIP COLEMAN FL 33521

TITLE D ☐ Change ☒ Addition
NAME CARRIE JAMES Acre
STREET ADDRESS 1717 Pine Ave
CITY-ST-ZIP COLEMAN, FL 33521

TITLE VP ☐ Delete
NAME DAVIS, CHARLES E
STREET ADDRESS 2918 PERKINS AVENUE
CITY-ST-ZIP COLEMAN FL 33521

TITLE D ☐ Change ☒ Addition
NAME LENA BARRON
STREET ADDRESS 1520 WARMSPRING AVE.
CITY-ST-ZIP COLEMAN, FL 33521

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

TITLE T ☐ Change ☒ Addition
NAME Angela Marsh
STREET ADDRESS 1525 WARMSPRING AVE.
CITY-ST-ZIP COLEMAN, FL 33521

TITLE D ☐ Delete
NAME LITTLES, PATRICIA
STREET ADDRESS 1910 ORANGE AVENUE
CITY-ST-ZIP COLEMAN FL 33521

TITLE M ☒ Change ☐ Addition
NAME Gloria Adkins
STREET ADDRESS 3910 ORANGE AVE.
CITY-ST-ZIP COLEMAN, FL 33521

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

TITLE D ☐ Change ☒ Addition
NAME Julia Jean Davis
STREET ADDRESS 3910 ORANGE AVE
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 D ☐ Change ☒ Addition
NAME David J. Martin
STREET ADDRESS 2910 ORANGE AVE
CITY-ST-ZIP COLEMAN, FL 33521

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: Gloria Adkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01 352-748-0349

Date

Daytime Phone #

CR2E037 (10/00)