## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000005499

MILLS, DAVID

268 S.E. CARTHAGE ROAD

PORT ST. LUCIE, FL 34952

Name:

Address:

City-St-Zip:

Entity Name: ROCK OF EDEN DELIVERANCE CENTER, INC.

FILED Apr 23, 2003 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 3609 ISLAND DRIVE MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** PO BOX 8119 PORT ST LUCIE, FL 34985 FEI Number: 65-0792616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, LEROY ANTHONY 3609 ISLAND DRIVE MIRAMAR, FL 33023 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition WILLIAMS, LEROY ANTHONY Name: Name: Address: 3609 ISLAND DRIVE Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, ROSE MARIE Name: Address: 3609 ISLAND DRIVE Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEROY WILLIAMS D 04/23/2003