

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90184 005 \*\*\*\*61.25

**DOCUMENT # N97000005852**

1. Entity Name

**EVANGELIST DELIVERANCE HOLINESS CHURCH OF JESUS  
WITHIN INC.**



Principal Place of Business

**2401 N. 43RD STREET  
FORT PIERCE FL**

Mailing Address

**2401 N. 43RD STREET  
FORT PIERCE FL**

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 **65-0772504**

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

**BERNARD, JOSEPH M  
2933 HARSON WAY  
FT. PIERCE FL 34946**

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  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **BENARD, JOSEPH M**  
STREET ADDRESS **2933 HARSON WAY**  
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **VPD** ☐ Delete  
NAME **BERNARD, JASMINE A**  
STREET ADDRESS **2401 N 43 STREET**  
CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE **TD** ☐ Delete  
NAME **MORGAN, ASBURN**  
STREET ADDRESS **435 DOUGLAS CT**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **SD** ☐ Delete  
NAME **BILLINGS, SANDRA**  
STREET ADDRESS **2401 N 43RD ST.**  
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **D** ☐ Delete  
NAME **HUNT, BERNARD**  
STREET ADDRESS **2502 AVE I**  
CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE **D** ☐ Delete  
NAME **STURRY, EMILY**  
STREET ADDRESS **302 N 30TH STREET**  
CITY-ST-ZIP **FORT PIERCE FL 34948**

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]* 08-7903

CR2E037 (4/03)