

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90106 035 \*\*\*\*61.25

**DOCUMENT # N97000006223**

1. Entity Name

**JESUS CHRIST WORD OF DELIVERANCE MINISTRY, INC.**

Principal Place of Business

**5211 TIMUQUANA  
 SUITE 3  
 JACKSONVILLE FL 32210**

Mailing Address

**1591 LANE AVE APT 15-F  
 JACKSONVILLE FL 32210**

2. Principal Place of Business

**5211 TIMUQUANA**

Suite, Apt. #, etc.

**SUITE 3**

City & State

**JACKSONVILLE Fla.**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE**

Zip  
**32210**

Country

Zip

Country

4. FEI Number

**59-3487578**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, GREGORY  
 4721 SAN JUAN AVE.  
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

**GREGORY HENRY**

Street Address (P.O. Box Number is Not Acceptable)

**1591 LANE AVE. S. APT 15-R**

City

**JACKSONVILLE**

**FL**

Zip Code

**32210**

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

*Gregory Henry*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-09-01**

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACKEY, CHAVIN</b>	
STREET ADDRESS	<b>6133 IRISH COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREENE, ALETHIA</b>	
STREET ADDRESS	<b>1646 W 45TH ST, APT 149</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WASHINGTON, ALLEN</b>	
STREET ADDRESS	<b>1591 LAKE AVE S #149</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, ROSA</b>	
STREET ADDRESS	<b>1041 PIERCE ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, COREY</b>	
STREET ADDRESS	<b>1591 LANE APT 16-H</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Gregory Henry*

**9-09-01 904786-2373**

CR2E037 (5/01)