

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006391

1. Entity Name

ETERNAL LIFE DELIVERANCE MINISTRIES INC.

FILED

Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90787 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1407 ORANGE AVE.  
FT. PIERCE FL 34950

P.O. BOX 1841  
FT. PIERCE FL 34954

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

65-0784538

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

YOUNG-BROWN, BEVERLY C  
3006 CARVER STREET  
FT. PIERCE FL 34947

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 D ☐ Delete  
NAME YOUNG, BEVERLY C  
STREET ADDRESS 3006 CARVER ST.  
CITY-ST-ZIP FT. PIERCE FL 34947

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

TITLE T ☐ Delete  
NAME BROWN, FREDDIE L  
STREET ADDRESS 3006 CARVER ST.  
CITY-ST-ZIP FT. PIERCE FL 34947

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

TITLE T ☐ Delete  
NAME BRACKETT-WESTBERRY, TAMMY  
STREET ADDRESS 1420 HAGAN DRIVE  
CITY-ST-ZIP COLUMBUS GA 31907

TITLE ☒ Change ☐ Addition  
NAME AUSBY, TAMMY  
STREET ADDRESS 2423 CORNELL AVENUE  
CITY-ST-ZIP Columbus, GA 31903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Beverly C Young-Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/02 (772) 465-4108

CR2E037 (9/01)