2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 90714 010 ****61.25

DOCUMENT # N97000006417

1. Entity Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.

Principal Place of Business	Mailing Address
~~5123 N. PEARL STREET~~ ~~JACKSONVILLE FL 32208~~	~~5123 N. PEARL STREET~~ ~~JACKSONVILLE FL 32208~~

2. Principal Place of Business	3. Mailing Address
3109 W Beaver ST	P.O. Box 2327
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fla	City & State: Jacksonville Fla
Zip: 32254 Country: Duval	Zip: 32203 Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3496939 — 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
GIVENS, ALLEN G JR. 955 MELSON AVENUE JACKSONVILLE FL 32205	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 STD NAME GIVENS, JENNIFER N. STREET ADDRESS 955 MELSON AVE CITY-ST-ZIP JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PCD NAME GIVENS, ALLEN G. JR. STREET ADDRESS 955 MELSON AVE CITY-ST-ZIP JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VT NAME GIVENS, THEREAS STREET ADDRESS 955 MELSON AVE CITY-ST-ZIP JACKSONVILLE FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME SEABROOK WILLIAMS, PAULA STREET ADDRESS 7955 CHERRY BOSSOM DR S CITY-ST-ZIP JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Bishop Allen G. Givens Jr. 5/9/02 904 388 7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)