

# 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

**3109 W Beaver ST**

3. Mailing Address

**P.O. Box 2327**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FLA**

City & State

**Jacksonville FLA**

Zip

Country

Zip

Country

**32254**

**Duval**

**32203**

**Duval**

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	<b>STD.</b>	<input type="checkbox"/> Delete
NAME	<b>GIVENS, JENNIFER N.</b>	
STREET ADDRESS	<b>955 MELSON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>GIVENS, ALLEN G. JR.</b>	
STREET ADDRESS	<b>955 MELSON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>GIVENS, THEREAS</b>	
STREET ADDRESS	<b>955 MELSON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SEABROOK WILLIAMS, PAULA</b>	
STREET ADDRESS	<b>7955 CHERRY BOSSOM DR S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/9/02** **3887791**

CR2E037 (9/01)