

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91170 009 ****61.25

DOCUMENT # N97000006417

1. Entity Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.



Principal Place of Business

**3109 W BEAVER STREET
JACKSONVILLE FL 32254
US**

Mailing Address

**P O BOX 2327
JACKSONVILLE FL 32203
US**

40010277



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**GIVENS, ALLEN G JR.
955 MELSON AVENUE
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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

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

TITLE **STD** ☒ Delete
NAME **GIVENS, JENNIFER N.**
STREET ADDRESS **955 MELSON AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **PCB** ☐ Delete
NAME **GIVENS, ALLEN G. JR.**
STREET ADDRESS **955 MELSON AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **VT** ☐ Delete
NAME **GIVENS, THEREAS**
STREET ADDRESS **955 MELSON AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **T** ☐ Delete
NAME **SEABROOK WILLIAMS, PAULA**
STREET ADDRESS **7955 CHERRY BOSSOM DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition
NAME **Butler, Carlos**
STREET ADDRESS **3514 McLendon**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

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

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

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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:

Allen G. Givens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 904386729
Date Daytime Phone #

CR2E037 (10/02)