

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000936

1. Entity Name

YES LORD DELIVERANCE CHURCH OF GOD IN CHRIST, IN

Principal Place of Business

102 LARAMIE CIRCLE
PANAMA CITY FL

Mailing Address

P.O. BOX 196
CHIPLEY FL 32428

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

NOT APPLICABLE

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

WOODS, DAVID JR
102 LARAMIE CIRCLE
PANAMA CITY FL

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

After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WOODS, DAVID JR
STREET ADDRESS 102 LARAMIE CIRCLE
CITY-ST-ZIP PANAMA CITY FL

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

TITLE D ☐ Delete
NAME ANDREWS, TRACEY
STREET ADDRESS P.O. BOX 921
CITY-ST-ZIP CHIPLEY FL

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

TITLE D ☐ Delete
NAME RHYNES, VANESSA
STREET ADDRESS P.O. BOX 52
CITY-ST-ZIP CHIPLEY FL

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

TITLE D ☐ Delete
NAME BULLOCK, AARON
STREET ADDRESS 714 PECAN STREET
CITY-ST-ZIP CHIPLEY FL

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

TITLE D ☐ Delete
NAME PATRICK, VERNITA
STREET ADDRESS 5027 E 13TH CT
CITY-ST-ZIP PANAMA CITY FL

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

TITLE D ☐ Delete
NAME CREWS, WILLIE A
STREET ADDRESS 627 BENNETT DR
CITY-ST-ZIP CHIPLEY FL

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:

Tracey Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)