

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

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90078 017 ****61.25

0002568

DOCUMENT # N98000000936
1. Entity Name
YES LORD DELIVERANCE CHURCH OF GOD IN CHRIST, IN C.



Principal Place of Business Mailing Address
102 LARAMIE CIRCLE **P.O. BOX 196**
PANAMA CITY FL **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WOODS, DAVID JR
102 LARAMIE CIRCLE
PANAMA CITY FL

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
After September 10, 2003, min will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	WOODS, DAVID JR	
STREET ADDRESS	102 LARAMIE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, TRACEY	
STREET ADDRESS	P.O. BOX 921	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHYNES, VANESSA	
STREET ADDRESS	P.O. BOX 52	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, AARON	
STREET ADDRESS	714 PECAN STREET	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, VERNITA	
STREET ADDRESS	5027 E 13TH CT	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, WILLIE A	
STREET ADDRESS	627 BENNETT DR	
CITY-ST-ZIP	CHIPLEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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* **TRACEY ANDREWS** 8/26/03 (850) 638-8962

CR2E037 (4/03)