

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90161 001 \*\*\*\*70.00

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DOCUMENT # N98000001990

1. Entity Name

**FREWILL DELIVERANCE, PRAISE OUTREACH MINISTRIES**

*(A)*

Principal Place of Business

Mailing Address

~~817 N. PINE HILL RD.  
 ORLANDO FL 32801~~

8601 SW 174TH ST.  
 MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

P O Box 300354

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Feren Park, Florida

4. FEI Number

59-3510124

Applied For

Not Applicable

Zip

Country

Zip

Country

32730

USA

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

CASH, BETTY L  
 8601 SW 174TH ST.  
 MIAMI FL 33157

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 12, 2001, 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	<input type="checkbox"/> Delete
NAME	CASH, J L SR	
STREET ADDRESS	8601 SW 174TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, CAL H	
STREET ADDRESS	817 N PINEHILL RD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STUBBS, SHANTAE L	
STREET ADDRESS	817 N PINEHILL RD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASH, BETTY L	
STREET ADDRESS	8601 SW 174TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
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
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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: *Betty Cash* *Nice President* *REC Betty Cash*

9/19/01 305)969-3834

CR2E037 (5/01)