

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90265 020 ****70.03

DOCUMENT # N98000003053

1. Entity Name

**MORNING GLORY HOUSE OF PRAYER DELIVERANCE MINIST
RY INC.**



Principal Place of Business

**2325 MC QUADE ST.
JAX FL 32209**

Mailing Address

**2325 MC QUADE ST.
JAX FL 32209**

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 **59-3505875**

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

**WEBB, LINDA PASTOR
1505 WEST 15TH STREET
JAX FL 32209**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WEBB, LINDA**
STREET ADDRESS **2325 MCQUADE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE ☐ Change ☒ Addition
NAME **Sandra motley -**
STREET ADDRESS **1644 Barham Lane**
CITY-ST-ZIP **Jax Fl. 32209**

TITLE **T** ☐ Delete
NAME **JOHNSON, ANTHONY**
STREET ADDRESS **2325 MCQUADE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **T** ☐ Delete
NAME **WEBB, JOSEPH**
STREET ADDRESS **1605 N MYRTLE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☒ Change ☐ Addition
NAME **Webb, Joseph**
STREET ADDRESS **6455 Argyle Forest Blvd**
CITY-ST-ZIP **Jax Fl 32244**

TITLE **T** ☐ Delete
NAME **FARMER, FALECIA**
STREET ADDRESS **2345 MCQUADE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☒ Change ☐ Addition
NAME **FARMER, FALECIA**
STREET ADDRESS **5010 Westchase Ct #2**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **T** ☐ Delete
NAME **WIGGINS, MAURICE**
STREET ADDRESS **2325 MCQUADE STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 titles empowered.

SIGNATURE:

SIGNATURE REQUIRED

Webb 4/26/03 904-374-5043

CR2E037 (10/02)