

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90006 046 \*\*\*\*61.25

DOCUMENT # N98000003536

1. Entity Name

DIVINE HOPE DELIVERANCE TABERNACLE INC.

Principal Place of Business

43 W Park Ave

LAKE WALES FL 33859-3385

US

Mailing Address

P.O. BOX 3385

LAKE WALES FL 33859-3385

2. Principal Place of Business

43 W Park Ave

3. Mailing Address

P.O. Box 3385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales Fla

City & State

Lake Wales Fla 33859-3385

4. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

Zip 33859-3385

Country

Zip 33859-3385

Country

5. Certificate of Status Desired

4 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLIMAN, LINDA

4854 CYNTHIA ST 130 maderia Dr.

BARTOW FL 33830 Winter, Haven Fla 33880

NAME DIVINE HOPE DELIVERANCE Taber Inc.

Street Address (P.O. Box Number is Not Acceptable)

43 W Park Ave

City Lake Wales, FL

Zip Code 33859-3385

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

Pastor, Linda Holliman

9-10-00

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 NAME STREET ADDRESS CITY-ST-ZIP	T HOLLIMAN, STEVE PO BOX 3385 LAKE WALES FL 33859	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E SHEPPARD, SHELBY 146 LAKE CACAOLSA FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, DAVID 146 LAKE COCAOLSA FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM SHEFFIELD, CAROLYN PO BOX 1163 LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEET, NATHANIEL 4854 CYNTHIA ST BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SWEET, ALESTA 4854 CYNTHIA ST BARTOW FL 33830	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Cornelia Singleton 503 S. 8th St Apt. 1 LAKE WALES FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACON - MINISTER WILLIE Young Jr 202 W Park Ave Apt A LAKE WALES, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Yolanda Young Jr 202 W Park Ave Apt A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Missionary Carolyn Sheffield P.O. Box 1163 LAKE WALES, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Pastor Linda Holliman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00

Date

863-298-0643

Daytime Phone #