

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000004322**

1. Entity Name

**FAITH DELIVERANCE GOSPEL CENTER MINISTRIES, INCORPORATED**

Principal Place of Business

Mailing Address

**2421 SOUTH STONE STREET  
MELBOURNE FL 32901  
US****3222 HADDON AVENUE, NE  
PALM BAY FL 32905  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JONES, MARGUERITE A PASTOR	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HADLEY, LEROY	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BIRKS, TIAJUANA A	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	HADLEY, ROBERT L	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input checked="" type="checkbox"/>		TD	Hadley, Tommy L	2421 South Stone Street	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							Melbourne FL 32901			
D	O'NEAL, DARRYL	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCDONALD, FRANK	2421 SOUTH STONE STREET	MELBOURNE FL 32901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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: Marguerite A. Jones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02 321 723-9240

Date

Daytime Phone #

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90234 047 \*\*\*\*61.25

DUPLICATE



DO NOT WRITE IN THIS SPACE