

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 047 ****70.00

DOCUMENT # N98000005007

1. Entity Name

**DELIVERANCE OUTREACH CENTER TRAINING, EDUCATION,
 AND MISSION, INC.**

Principal Place of Business

Mailing Address

**1001 INGRAHAM AVE
 HAINES CITY FL 33844**

**2206 9TH STREET N.E.
 WINTER HAVEN FL 33881**

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

59-3547338

Applied For

Not Applicable

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

**SMITH, KETURAH X
 2206 9TH ST NE
 WINTER HAVEN FL 33881**

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

Keturah X. Smith / Keturah X Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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 **PD** ☐ Delete
 NAME **WYATT, MARILYN J**
 STREET ADDRESS **371 ALSTON DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **PD** ☒ Change ☐ Addition
 NAME **WYATT, MARILYN J.**
 STREET ADDRESS **3074 WEXFORD WALK DR.**
 CITY-ST-ZIP **Smyrna, GA 30080**

TITLE **SD** ☐ Delete
 NAME **MAYFIELD, CARLA**
 STREET ADDRESS **420 W BAY ST**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MAYFIELD, Carla**
 STREET ADDRESS **3419 N. Lincoln Trace Ave.**
 CITY-ST-ZIP **Smyrna, GA 30080**

TITLE **TD** ☐ Delete
 NAME **SMITH, KETURAH X**
 STREET ADDRESS **2206 9TH ST NE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

Keturah X. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keturah X. Smith
 Date

(863) 294-8211
 Daytime Phone #

CR2E037 (9/01)