

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

DOCUMENT # N98000005007

1. Entity Name  
Deliverance Outreach Center,  
Training, Education, And Missions, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3232 Cobb Parkway

Suite, Apt. #, etc.  
#210

3. Mailing Address  
3232 Cobb Parkway

Suite, Apt. #, etc.  
#210

City & State  
Atlanta, GA

City & State  
Atlanta, GA

Zip  
30339

Country  
USA

Zip  
30339

Country  
USA

4. FEI Number  
59-3547338

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**FILED**

03 MAY 13 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Shelly Franklin

Street Address (P.O. Box Number is Not Acceptable)  
5201 Chakantosa Circle

City Orlando

FL

Zip Code 32818

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 Shelly Franklin

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

(NOTE: Registered Agent signature required when reinstating)

5/5/03

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Marilyn Wyatt 2575 Delk Rd, Apt. 1200 E Marietta, Georgia 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/D Carla Mayfield 3419 N Lincoln Trade Ave Shyrna, Georgia 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/D Shelly Franklin 5201 Chakantosa Circle Orlando, Florida 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	000014066020 05/13/03--01017--024 **23.00
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carla Mayfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03

770-980-1946

CR2E037B (12/01)