

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90022 038 ****61.25

DOCUMENT # N98000005033

1. Entity Name

DELIVERANCE CHURCH OF GOD INC.

Principal Place of Business

Mailing Address

1437 NW 7TH AVE
 FT. LAUDERDALE FL 33311

1437 NW 7TH AVE
 FT. LAUDERDALE FL 33311-6061

00047913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Fort Lauderdale

1437 NW 7th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1437 NW 7 Ave

Fort Lauderdale

City & State

City & State

Fort Lauderdale - Florida

Florida

Zip *33311* Country

Zip *33311* Country

4. FEI Number

NOT APPLICABLE

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

CAMPBELL, WHITFIELD
 1437 NW 7TH AVE.
 FT. LAUDERDALE FL 33311

Name

Whitfield Campbell

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

1437 NW 7 Ave

City

Fort Lauderdale FL 33311

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

Whitfield Campbell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-2000

**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	P <input type="checkbox"/> Delete
NAME	CAMPBELL, REV. WHITFIELD
STREET ADDRESS	1437 NW 7TH AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	AP <input type="checkbox"/> Delete
NAME	CAMPBELL, IVEY
STREET ADDRESS	1437 NW 7TH AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	S <input type="checkbox"/> Delete
NAME	STEPHEN, GENTIUS
STREET ADDRESS	3191 NW 4TH ST
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	CAMPBELL, REV. WHITFIELD
STREET ADDRESS	1437 NW 7TH AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, ESTELLE
STREET ADDRESS	913 NW 12TH AVE APT 1
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, REV. MELDA
STREET ADDRESS	681 NW 37 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Whitfield Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)