

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

2. Principal Place of Business

FT Lauderdale

3. Mailing Address

1437 NW 7 Ave.

Suite, Apt. #, etc.

1437 NW 7 Ave

Suite, Apt. #, etc.

FT Lauderdale

City & State

FT Lauderdale

City & State

FT Lauderdale

Zip

Country

33311

Zip

Country

33311

6. Name and Address of Current Registered Agent

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

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

Whitfield Campbell

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

1437 NW 7 Ave

City

FT Lauderdale

FL

Zip Code

33311

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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)