

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005437**

1. Entity Name

DELIVERANCE COMMUNITY INVOLVEMENT CORPORATION**FILED****Mar 18, 2002 8:00 am**
Secretary of State

03-18-2002 90070 040 ****70.00

Principal Place of Business

**1180 GEORGIA AVENUE
CLEWISTON FL 33440**

Mailing Address

**P.O. BOX 1075
CLEWISTON FL 33440**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-8106975

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HULEN, JAMES L
25 PALM CIRCLE
AVON PARK FL 33825**

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 \$61.259. 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	DP	<input type="checkbox"/> Delete
NAME	HULEN, JAMES L	
STREET ADDRESS	25 PALM CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	IFILL, GERALD M	
STREET ADDRESS	928 MISSISSIPPI AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDERSON, ABLON	
STREET ADDRESS	939 VIRGINIA AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ANDERSON, SYLVIA A	
STREET ADDRESS	939 VIRGINIA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TFS	<input type="checkbox"/> Delete
NAME	CROMES, SHIRLEY R.E.	
STREET ADDRESS	1167 DELLA TOBIA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 SECURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)