

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000353

1. Entity Name

CHRIST DELIVERANCE MIN. INC.

Principal Place of Business

1239 EAST 30TH ST
JACKSONVILLE FL 32206

Mailing Address

1239 EAST 30TH ST
JACKSONVILLE FL 32206-1504

FILED

00 APR 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2/22/00 DO NOT WRITE IN THIS SPACE 95071040 \$70.00

4. FEI Number

59-3553996

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, WALTER CARL SR.
1239 EAST 30TH ST
JACKSONVILLE FL 32206

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 \$61.25

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Walter Carl Stevens Sr.
CITY-ST-ZIP	1239 E. 30th St. Jacksonville, FL 32206
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice-President
STREET ADDRESS	Betty Jean Stevens
CITY-ST-ZIP	1239 E. 30th St. Jacksonville, FL 32206
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	Russell Tyson Jackson
CITY-ST-ZIP	8090 Atlantic Blvd Apt E-170 Jacksonville, FL 32211
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	LS
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: Walter Stevens Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00
Date

904-633-9569
Daytime Phone #

CR2E037 (9/99)