

9/17/01-90012-035-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000353

1. Entity Name

CHRIST DELIVERANCE MIN. INC.

Principal Place of Business

17 EAST 43RD STREET
SUITE 4
JACKSONVILLE FL 32206

Mailing Address

1239 EAST 30TH STREET
JACKSONVILLE FL 32206-1504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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
After September 12, 2001, min. will be \$236.25

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 PT
NAME STEVENS, WALTER C SR.
STREET ADDRESS 1239 E. 30TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE ☐ Change ☒ Addition
NAME Carla N. Stevens
STREET ADDRESS 2411 UNIVERSITY BLVD N. C-201
CITY-ST-ZIP JACK, FL 32211

TITLE VPT
NAME STEVENS, BETTY JEAN
STREET ADDRESS 1239 E. 30TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME JACKSON, RUSSELL T
STREET ADDRESS 8090 ATLANTIC BLVD., APT. E-170
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 C STEVENS SR. 9-11-01 904-633-7567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 12:10



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)