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Oct 01, 2002 8:00 am
Secretary of State
09-17-2002 90095 004 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000353

1. Entity Name

CHRIST DELIVERANCE MIN. INC.

DO NOT WRITE IN THIS SPACE

43308

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2. Principal Place of Business	3. Mailing Address
1239 EAST 30TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32206 Country: USA	Zip Country

4. FEI Number 59-3553986 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: WALTER C STEVENS SR

Street Address (P.O. Box Number is Not Acceptable): 1239 EAST 30TH ST

City: JAX FL Zip Code: 32206 32206

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: WALTER C STEVENS SR. Walter C Stevens Sr 09-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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: PT NAME: STEVENS, WALTER C SR. STREET ADDRESS: 1239 E. 30TH STREET CITY-ST-ZIP: JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VPT NAME: STEVENS, BETTY JEAN STREET ADDRESS: 1239 E. 30TH STREET CITY-ST-ZIP: JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: T NAME: STEVENS, CARLA N STREET ADDRESS: 2611 UNIVERSITY BLVD N C-201 CITY-ST-ZIP: JAX FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter C Stevens Sr Walter C Stevens SR 09-14-02 904-633-8569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #