

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000434

1. Entity Name

Mercy Worship And Deliverance Center, INC

Principal Place of Business

Mailing Address

Delores Boyd

4090 Dijon Dr. Orlando Fla. 32808

2. Principal Place of Business

3. Mailing Address

Delores Boyd

Suite, Apt. #, etc.

4090 Dijon Dr.

City & State

Orlando Florida

Zip

32808

Country

Orange

4. FEI Number

59-3568982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

00058007

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Fred & Delores Boyd
4090 Dijon Dr. Orlando Florida
32808

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	D	NAME	Delores Boyd	<input type="checkbox"/> Delete
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE	T	NAME	Fred Boyd	<input type="checkbox"/> Delete
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE	Secretary	NAME	Latrice Jones	<input type="checkbox"/> Delete
STREET ADDRESS			3940 Country Club Dr, #69	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE	Assist. Treasure	NAME	Cory Boyd	<input type="checkbox"/> Delete
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE	Assist. Secretary	NAME	Jerome Boyd	<input type="checkbox"/> Delete
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Delores Boyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE	T	NAME	Fred Boyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4090 Dijon Dr	
CITY-ST-ZIP			Orlando Florida 32808	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Delores Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-00

Date

Daytime Phone #

CR2E037 (9/99)