

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

05-03-2004 90763 032 \*\*\*245.00

N99000000434

FILED

04 MAY 20 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000434

1. Entity Name

Mercy Worship And Deliverance Center  
Incorporated

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Lake Destiny Dr. #1

Suite, Apt. #, etc.  
912 HF

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3568982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Delores Boyd

Address (P.O. Box Number is Not Acceptable)

912 F Lake Destiny Dr.

City

Altamonte Springs

FL

Zip Code

32714

**DO NOT WRITE  
IN THIS SPACE**

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

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	President
NAME	Delores Boyd
STREET ADDRESS	912 HF Lake Destiny Rd
CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	Vice President
NAME	Fred Boyd
STREET ADDRESS	912 HF Lake Destiny Rd
CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	Secretary
NAME	Latrice Jones
STREET ADDRESS	1038 36th St Orlando FL
CITY-ST-ZIP	32805
TITLE	<del>Treasurer</del> Assist. Secretary
NAME	<del>Latrice Jones</del> Jacqueline Franklin
STREET ADDRESS	1034 36th St. Orlando FL
CITY-ST-ZIP	32805
TITLE	<del>Assistant Secretary</del> Chairman
NAME	Cory Boyd
STREET ADDRESS	Orlando Fla
CITY-ST-ZIP	32810
TITLE	<del>Assistant Treasurer</del> Treasurer
NAME	Jerome Boyd
STREET ADDRESS	912 F Lake Destiny Dr Altamonte
CITY-ST-ZIP	Orlando Fla 32810 springs

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

4/5/20

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: Delores Boyd Delores Boyd

4/28/04 407-733-5978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)