

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001665

1. Entity Name

COUNT IT ALL JOY CHURCH OF DELIVERANCE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 022 ****61.25

Principal Place of Business

122 N. MAIN AVE.
CLEARWATER FL 33764

Mailing Address

122 N. MAIN AVE.
CLEARWATER FL 33765-3222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563557

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENNETT, CHRISTOPHER
200 LAKE STARCREST DR., APT. 175
CLEARWATER FL 33764

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRUSTEE** ☐ Delete
NAME **Rosemary Gurney**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE - Chairperson - Direct** ☐ Change ☒ Addition
NAME **Rosemary Gurney**
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLW FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Trustee - Vice Director** ☐ Change ☒ Addition
NAME **PATRICIA Dees**
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLW FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Phyllis - Farley - TRUSTEE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE -** ☐ Change ☒ Addition
NAME **MARGIE MILLS**
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLW FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PASTOR, Christopher R Bennett** ☐ Change ☒ Addition
NAME
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sheron Collins - TRUSTEE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **122 N MAIN AVE**
CITY-ST-ZIP **CLEARWATER FL 33764**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)