

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001665

1. Entity Name

COUNT IT ALL JOY CHURCH OF DELIVERANCE, INC.

Principal Place of Business

122 N. MAIN AVE.
CLEARWATER FL 33764

Mailing Address

122 N. MAIN AVE.
CLEARWATER FL 33764

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

59-3563557

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

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

Name

Christopher Bennett Sr.

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

1772 Linnwood Circle

City

Clearwater

FL

Zip Code

33765

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 Christopher R Bennett Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 15 02

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 CD ☐ Delete
NAME GAINES, ROSEMARY
STREET ADDRESS 122 N MAIN AVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VD ☐ Delete
NAME DEES, PATRICA
STREET ADDRESS 122 N MAIN STREET
CITY-ST-ZIP CLEARWATER FL 33764

TITLE TD ☐ Delete
NAME HENRY, NICOLE
STREET ADDRESS 122 N MAIN AVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☐ Delete
NAME MILLS, MARGIE
STREET ADDRESS 122 N MAIN AVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE P ☐ Delete
NAME BENNETT, CHRISTOPHER R
STREET ADDRESS 122 N MAIN STREET
CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☐ Delete
NAME COLLINS, SHERON
STREET ADDRESS 122 N MAIN STREET
CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☐ Change ☒ Addition
NAME PAMELA, METCALF
STREET ADDRESS 122 N MAIN AVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☐ Change ☐ Addition
NAME MARY BENNETT
STREET ADDRESS 122 N MAIN AVE
CITY-ST-ZIP CLEARWATER, FL 33764

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

April 15 02 727 446-6883

CR2E037 (9/01)