

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # N99000002363

1. Entity Name

MIRACLE DELIVERANCE MINISTRIES, INC.

FILED

May 24, 2000 8:00 am

Secretary of State

05-02-2000 90163 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4721 SAN JUAN  
JAX FL 32205

4721 SAN JUAN  
JAX FL 32210-3229

2. Principal Place of Business

3. Mailing Address

4721 San Juan

Suite, Apt. #, etc.

4721 San Juan

Suite, Apt. #, etc.

City & State JACKSONVILLE, FL

Zip 32205

Country

City & State JACKSONVILLE, FL

Zip 32210-3229

Country

4. FEI Number 59-3645811

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

EDMONDSON, MARY L  
5345 CORONET DR.  
JAX FL 32205

Name MARY Edmondson

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

5345 CORONET DR

City JACKSONVILLE

FL

Zip Code 32205

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 MARY Edmondson

Signature, typed or printed name of registered agent and fee 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	Bishop	<input type="checkbox"/> Delete
NAME	LENORA LOCKHART	
STREET ADDRESS	5345 CORONET DR JAX FL 32205	
CITY-ST-ZIP		
TITLE	Registered Agent	<input type="checkbox"/> Delete
NAME	MARY Edmondson	
STREET ADDRESS	5345 CORONET DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Asst. Pastor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindsey Chaney	
STREET ADDRESS	P.O. BOX 48163	
CITY-ST-ZIP	JACKSONVILLE, FL 32247	
TITLE	Asst. Pastor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Chaney	
STREET ADDRESS	P.O. BOX 48163	
CITY-ST-ZIP	JACKSONVILLE, FL 32247	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)