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FILED
Jun 27, 2001 8:00 am
Secretary of State

04-26-2001 90271 020 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002363

1. Entity Name

MIRACLE DELIVERANCE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4721 SAN JUAN JAX FL 32205	4721 SAN JUAN JAX FL 32205

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3645811 ☐ 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 L. EDMONDSON Street Address (P.O. Box Number is Not Acceptable) 5721 Belafonte Drive City JACKSONVILLE FL Zip Code 32209

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 ____________________ 1-09-01

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 D	D ☐ Delete	TITLE	Pastor (Sr.) ☐ Change ☐ Addition
NAME	LOCKHART, LENDRA	NAME	Lanora Lockhart
STREET ADDRESS	5345 CORONET DR.	STREET ADDRESS	5345 Coronet Dr
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	Jacksonville Fl 32205
TITLE T	D T ☐ Delete	TITLE	Registered agent ☑ Change ☐ Addition
NAME	EDMONDSON, MARY	NAME	MARY L. EDMONDSON
STREET ADDRESS	5345 CORONET DR.	STREET ADDRESS	~~5345~~ 5721 Belafonte Drive
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	JACKSONVILLE, FLA. 32209
TITLE D	D ☐ Delete	TITLE	minister/operating ~~????~~ ☐ Change ☐ Addition
NAME	CHANEY, LINDSEY	NAME	Lindsey Chaney
STREET ADDRESS	PO BOX 48163	STREET ADDRESS	PO Box 48163
CITY-ST-ZIP	JACKSONVILLE FL 32247	CITY-ST-ZIP	Jacksonville Fl 32247
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lenora Lockhart 6-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)