

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002363

1. Entity Name

MIRACLE DELIVERANCE MINISTRIES, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90195 020 ****61.25

Principal Place of Business

4721 SAN JUAN
 JAX FL 32205

Mailing Address

4721 SAN JUAN
 JAX FL 32205

2. Principal Place of Business

4721 SAN JUAN
 Suite, Apt. #, etc.

3. Mailing Address

4721 SAN JUAN
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

City & State

Jacksonville Florida

4. FEI Number

59-3645811

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EDMONDSON, MARY L
 5721 BELAFONTE DRIVE
 JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14/02

After September 13, 2002,
 min. will be \$236.25.

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 ☐ Delete

NAME LOCKHART, LANORA
 STREET ADDRESS 5345 CORONET DR.
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Delete

NAME DTRA
 STREET ADDRESS EDMONDSON, MARY
 CITY-ST-ZIP 5345 CORONET DR.
 JACKSONVILLE FL 32205

TITLE ☐ Delete

NAME CHANEY, LINDSEY
 STREET ADDRESS PO BOX 48163
 CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME EDMONDSON, MARY
 STREET ADDRESS 2753 MAYPORT RD. #146
 CITY-ST-ZIP Atlantic Beach, Fla. 32233

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME TREASURER
 STREET ADDRESS KATHRINE MCQUARY
 CITY-ST-ZIP 1231 W 19ST.
 JACKSONVILLE FLA 32209

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

LANORA LOCKHART

8/14/02 382-3427

CR2E037 (4/02)