

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90159 048 ****61.25

000402

DOCUMENT # N99000002363

1. Entity Name

MIRACLE DELIVERANCE MINISTRIES, INC.



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.



☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, Florida

4. FEI Number **59-3645811**

Applied For

Not Applicable

Zip

Country

32205

Zip

Country

32205 DUAL

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

Lanora Lockhart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LOCKHART, LANORA**
STREET ADDRESS **5345 CORONET DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **DTRA** ☐ Delete
NAME **EDMONDSON, MARY**
STREET ADDRESS **2753 MAYPORT RD #146**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Delete
NAME **CHANEY, LINDSEY**
STREET ADDRESS **PO BOX 48163**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **TO** ☐ Delete
NAME **MCQUARY, KATHRINE**
STREET ADDRESS **1231 W 19ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-25-03 (904) 388-3907

CR2E037 (10/02)