

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000004189

1. Entity Name

LIVING HOPE CHURCH OF DELIVERANCE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90040 045 \*\*\*\*70.00

Principal Place of Business

1400 CENTRAL AVE.  
SARASOTA FL 34234

Mailing Address

1400 CENTRAL AVE.  
SARASOTA FL 34236-2528

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

65-0931132

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBINSON, GILBERT  
1442 18TH ST.  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

Robinson, Gilbert

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

1143 Greensboro Lane

City

Sarasota FL 34234

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.

SIGNATURE

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

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Overseer
STREET ADDRESS	Gilbert Robinson
CITY-ST-ZIP	1143 Greensboro Lane Sarasota, FL 34234
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pastor
STREET ADDRESS	Ruby Robinson
CITY-ST-ZIP	1143 Greensboro Lane Sarasota FL 34234
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Dessie M. Peterson
CITY-ST-ZIP	1525 15th St. Sarasota, FL 34234
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Berna S. Williams
CITY-ST-ZIP	2052 Upton Ave Sarasota, FL 34232
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 REQUIRED

Gilbert Robinson 941 330-1971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 Date

Daytime Phone #

CR2E037 (9/99)