2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am DOCUMENT # **N99000004189** Secretary of State LIVING HOPE CHURCH OF DELIVERANCE, INC. 05-11-2001 90006 023 ****70.00 Principal Place of Business Mailing Address 1400 CENTRAL AVE. 1400 CENTRAL AVE. SARASOTA FL 34234 SARASOTA FL 34234 Ving Hope Church of Deliverance 1400 Central ave 3. Mailing Address Ving Hope Church Suite, Apt. #, etc. 1400 Centra Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sarasota 65-0931132 Daraso ta Not Applicable Zip Zip Country \$8.75 Additional Sarasota 5. Certificate of Status Desired 3423 F Sarasota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, GILBERT Street Address (P.O. Box Number is Not Acceptable) 44 33 arasota, 1143 GREENSBORO LN SARASOTA FL 34234 City 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. D OSIGNATURE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DO 00 TITLE Delete Robinson, Gilbert 1744 33 rd st. Sarasota, Fl. 34234 TITLE Change Addition NAME ROBINSON, GILBERT NAME STREET ADDRESS 1143 GREENSBORO LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 TITLE DP ☐ Delete TITLE Addition ☐ Change Robinson, Ruby 1744 33Rd. Sty Sarasota, Fl. 34234 NAME ROBINSON, RUBY NAME STREET ADDRESS 1143 GREENSBORO LN STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP TITLE Delete TITLE Danytta Davis apt D **C** Change ☐ Addition NAME PETERSON, DESSIE M NAME STREET ADDRESS STREET ADDRESS 1525 15TH ST Sara Sota F1, 34234 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 TITLE Delete TITLE Change ☐ Addition NAME WILLIAMS, BERMA J NAME STREET ADDRESS 2052 UPTON AVE STREET ADDRESS Fl. 34236 Sarasota CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS 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.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR