## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 11, 2002 8:00 am DOCUMENT # N99000004189 **Secretary of State** LIVING HOPE CHURCH OF DELIVERANCE, INC. 02-11-2002 90071 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 1400 CENTRAL AVE. 1400 CENTRAL AVE. SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 1400 Centa Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0931132 Not Applicable oaraso ta Country \$8.75 Additional 5. Certificate of Status Desired America 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBINSON, GILBERT 1744 33RD ST SARASOTA-FL-34234 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. (NOTE: Registered Agent signature required when reinstating) W 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DÔ ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROBINSON, GILBERT NAME NAME 1744 33RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP Addition Change ☐ Delete TITLE ROBINSON, RUBY NAME NAME 1744 33RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34234 ☐ Change Addition TITLE TITLE Delete avis, Dane DAVIS, DANETTA NAME NAME 2238 COLSON AVE APT D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 🐔 SARASOTA FL 34234 CITY-ST-ZIP TITLE Delete WILLIAMS, PEGGY NAME NAME 1591 7TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE La Carretti NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(9/01)