

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 049 ****70.00

DOCUMENT # N99000004562

1. Entity Name

UNITED DELIVERANCE COMMUNITY RESOURCE CENTER, IN

Principal Place of Business

Mailing Address

1120 LINCOLN ROAD
 WEST PALM BEACH FL 33407

624 35TH STREET
 WEST PALM BEACH FL 33407

U U I I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0934270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, LEWIS E
 624 35TH STREET
 WEST PALM BEACH FL 33407

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.

SIGNATURE

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

(NOT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPC	<input type="checkbox"/> Delete
NAME	WILSON, FRANK	
STREET ADDRESS	1473 W 28TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEAVY, NINA	
STREET ADDRESS	610 7TH STREET	
CITY-ST-ZIP	LAKE PARK FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SHIRLEY	
STREET ADDRESS	710 10TH STREET, APT. 4	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, HELEN	
STREET ADDRESS	543 CHEERFUL	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNEAL, VENETTA A	
STREET ADDRESS	1210 W 26TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURVIN, JEMELIA	
STREET ADDRESS	2156B WHITE PINE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Williams	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Benyard	
STREET ADDRESS		
CITY-ST-ZIP		
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: Shirley Brown 5/31/01

CR2E037 (10/00)