



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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|---|---|--|---|---|---|--|--|
| DOCUMENT # N99000004562 1. Entity Name UNITED DELIVERANCE COMMUNITY RESOURCE CENTER, INC. | | | |  | | FILED 04 JUN 10 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA 66422519 05/17/04 90563 001 \$70.00  | |
| Principal Place of Business 821 GRANT STREET WEST PALM BEACH FL 33407 | | Mailing Address 624 35TH STREET WEST PALM BEACH FL 33407 | | | | | |
| 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. Name and Address of Current Registered Agent WHITE, LEWIS E 624 35TH STREET WEST PALM BEACH FL 33407 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPC WILSON, FRANK 1473 W 28TH STREET RIVIERA BEACH FL 33404 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, MATTHEW 610 7TH STREET LAKE PARK FL 33404 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOUEY, ANTHONY 340 AVE S RIVIERA BCH FL 33404 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Anthony Grimes JD 7715 - 77th way West Palm Beach, FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENYARD, CAROLYN PO BOX 4046 LANTANA FL 33462 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Shana English 1211 W. 2nd Street Riviera Beach, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCNEAL, VENDETTA A 1210 W 26TH ST RIVIERA BEACH FL 33404 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Donald Davis 5878 Rambler Rose Way West Palm Beach, FL 33415 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Sandra J White</u> | | | | Date: <u>5/3/04</u> | | Daytime Phone #: <u>(561) 659-7988</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |