

2000 UNIFORM BUSINESS REPORT (UBR)

7/10/00-90014-003-\$61.25-\$61.25

091400

DOCUMENT # N99000005088

1. Entity Name

EVANGELISTIC CHURCH OF DELIVERANCE OF FLORIDA IN

Principal Place of Business

Mailing Address

1746 BRIDGEVIEW CIRCLE
ORLANDO FL 32824

1746 BRIDGEVIEW CIRCLE
ORLANDO FL 32824-5603

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

☒ 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

7. Name and Address of New Registered Agent

FOSTER, LEROY
1746 BRIDGEVIEW CIRCLE
ORLANDO FL 32824

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.

(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	Assistant Pastor	<input type="checkbox"/> Delete
NAME	Mary Foster	
STREET ADDRESS	1746 Bridgeview Cir	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	Minister Destry Warren	<input type="checkbox"/> Delete
NAME	Destry Warren Sr.	
STREET ADDRESS	3010 Redwood National Dr. Apt. 3008	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	Missionary	<input type="checkbox"/> Delete
NAME	E. Roy M. Warren	
STREET ADDRESS	3116 Redwood National Dr. Apt 3608	
CITY-ST-ZIP	Orlando FL 32837	
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		
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		
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 Foster

6-24-00

Date

407-856-7798

Daytime Phone #

CR2E037 (9/99)