## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # **N99000005117** May 07, 2000 8:00 am Secretary of State FAMILY CHURCH OF DELIVERANCE INC. 05-07-2000 90030 033 \*\*\*\*61.25 Mailing Address Principal Place of Business 1660 N.W. 32ND AVENUE 1660 N.W. 32ND AVENUE FT. LAUDERDALE FL 33311-4320 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address hogo non 1660 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-0446070 FLFIL. FL HTL. Not Applicable Zip\_333.[.] Country Country \$8.75 Additional Zip 5. Certificate of Status Desired -31000000 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1055e Street Address (P.O. Box Number is Not WALKER, JESSE 1660 N.W. 32ND AVENUE FT. LAUDERDALE FL 33311 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. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Vastor, ☐ Delete TITLE TITLE NAME NAME 1660 NW32rd STREET ADDRESS STREET ADDRESS Jesse, Wa Sam<u>e</u> CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete President TITLE TITLE NAME NAME Jerron Walke STREET ADDRESS STREET ADDRESS 1660 NW 32nd -1 CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE Delete Vice President TITLE NAME NAME Robert Smith Hours Not Ath FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nurch Administrator Change ☐ Addition TITLE TITLE Vickie Henderson NAME NAME 1600 No Example Au STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasure sherry Little Change ☐ Delete TITLE Addition | TITLE NAME NAME 1509 NW 3rd Ct. #76-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Financial Secretary TITLE Change ☐ Addition TITLE Delete James Simmons 3551 Swand Street Ffl. FL. 333(1 Same. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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