2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
04-27-2000 90020 009 ****70.00
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000005747

1. Entity Name

MIRACLE TEMPLE OF DELIVERANCE OUTREACH MINISTRIES

Principal Place of Business	Mailing Address
2051 GRAND BLVD. HOLIDAY FL 34691	2051 GRAND BLVD. HOLIDAY FL 34690-4546

2. Principal Place of Business	3. Mailing Address
2051 Grand Blvd	2051 Grand Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday FL	City & State: Holiday FL
Zip: 34690 Country: USA	Zip: 34690 Country: USA

4. FEI Number: 59-3587171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOYCE
6404 LOMAND AVE.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name: 7621 Tyson Dr
Street Address (P.O. Box Number is Not Acceptable)
New Port Richey FL
City: Holiday FL Zip Code: 34668

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: Joyce Jackson Joyce Jackson President 4/16/00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Marvin Jackson 6404 Lomand Ave New Port Richey FL 34653 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSIST. VICE PRES. Andre Jackson 7621 Tyson Dr New Port Richey FL 34668 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Jeffery Keith 7621 Tyson Dr New Port Richey FL 34668 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: Marvin Jackson REQUIRED Marvin Jackson 4/17/00 (727) 956-0374
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

7/25/00 Andre Jackson 7/25/00
862-9717 697-0241