

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90004 043 \*\*\*\*\*70.00

DOCUMENT # N99000006645

1. Entity Name

Christ's Deliverance Ministries, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2616 NW 21 ST Ter  
Suite, Apt. #, etc.

3. Mailing Address

3027 NW 17 ST  
Suite, Apt. #, etc.

**54056558**

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida  
Zip Country

33142-7113

City & State

Miami Florida  
Zip Country

33125-1948

4. FEI Number

65-1000392

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas S Murray

Street Address (P.O. Box Number is Not Acceptable)

1867 NW 35 ST APT. # 1

City

Miami Florida

FL

Zip Code

33142

**DO NOT WRITE  
IN THIS SPACE**

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

*Thomas Murray*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D.  
NAME: Ronald E Downs  
STREET ADDRESS: 3027 NW 17 ST  
CITY-ST-ZIP: Miami Florida 33125-1948

TITLE: S.  
NAME: Lilliette Morais  
STREET ADDRESS: 1833 NW 35 ST Apt. # 2  
CITY-ST-ZIP: Miami Florida 33142

TITLE: T.  
NAME: Elia Nora Downs  
STREET ADDRESS: 3027 NW 17 ST  
CITY-ST-ZIP: Miami Florida 33125-1948

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IN THIS SPACE**

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

SIGNATURE:

*Ronald E Downs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)