

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90120 023 ****70.00

DOCUMENT # N99000006778

1. Entity Name

DEDICATED DELIVERANCE TEACHING MINISTRY, INC.



Principal Place of Business

**5905 BROADWAY
WEST PALM BEACH FL 33407**

Mailing Address

**5905 BROADWAY
WEST PALM BEACH FL 33407**

2. Principal Place of Business

400 40th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8027

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407-0027

Country

USA

4. FEI Number **65-0982596**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ANTHONY M
5157 NORMA ELAINE ROAD
WEST PALM BEACH FL 33417**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAMPBELL, CLAUDIA**
STREET ADDRESS **610 39TH ST.**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **T** ☐ Delete
NAME **TAYLOR, SHEILA**
STREET ADDRESS **4941 HAVERHILL COMMONS CR. #21**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **T** ☐ Delete
NAME **JONES, FARON**
STREET ADDRESS **3308 AVE. S.**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **T** ☐ Delete
NAME **SMITH, SHERVINGTON**
STREET ADDRESS **632 54TH ST.**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Claudia Campbell**

1/27/03

(561)840-1628

CR2E037 (10/02)