

2000 UNIFORM BUSINESS REPORT (UBR)

3/4.

FILED
May 15, 2000 8:00 am
Secretary of State
 03-04-2000 90035 036 ****61.25

DOCUMENT # N99000007298

1. Entity Name

FAITH AND DELIVERANCE FULL GOSPEL CHURCH, INC.

Principal Place of Business

Mailing Address

1838 20TH AVE SOUTH
 ST PETERSBURG FL 33712

1838 20TH AVE SOUTH
 ST PETERSBURG FL 33712

2. Principal Place of Business
 Same as above

3. Mailing Address
 3124 - 19th Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 St. Petersburg, Florida

4. FEI Number
 52-2188109

Applied For
 Not Applicable

Zip

Country

Zip

Country

33712 Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ROBERT REV
3124 19TH AVE SOUTH
ST PETERSBURG FL 33712

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **Rob Registered Agent**
 STREET ADDRESS **Robert E Coleman**
 CITY-ST-ZIP **3124 19th Ave So. St Petersburg FL 33712**

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

TITLE ☐ Delete
 NAME **Chairman**
 STREET ADDRESS **Billy Corbett**
 CITY-ST-ZIP **4165 Park Blvd - Pine Hills Park FL 33781**

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

TITLE ☐ Delete
 NAME **Vice Chairman**
 STREET ADDRESS **Dromysius Barton SR**
 CITY-ST-ZIP **2521-18th Ave So. St Petersburg FL 33712**

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

TITLE ☐ Delete
 NAME **Treasurer**
 STREET ADDRESS **Pamela Jackson**
 CITY-ST-ZIP **3124-19th Ave So. St Petersburg FL 33712**

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

TITLE ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **Patricia A Coleman**
 CITY-ST-ZIP **3124-19th Ave So. St Petersburg FL 33712**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 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:

Robert E Coleman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28 00
 Date

727-323289
 Daytime Phone #

CR2E037 (9/99)