

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90374 018 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000007298			
1. Entity Name Faith And Deliverance Full Gospel Church			
Principal Place of Business 1836-20th AVE SO ST PETERSBURG FL 33712		Mailing Address 3124-19th AVE SO ST PETERSBURG FL. 33712	
2. Principal Place of Business 1836-20th AVE SO		3. Mailing Address 3124-19th AVE SO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG	
Zip 33712	Country PINELLAS	Zip 33712	Country PINELLAS
6. Name and Address of Current Registered Agent PASTOR: ROBERT COLEMAN 3124-19th AVE SO ST. PETERSBURG FL. 33712		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	CHAIRMAN BILLY CORBELT 4165 PARK BLVD PINELLAS PARK FL. DECEASE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN PATRICIA A. COLEMAN 3124-19th AVE SO. ST. PETERSBURG 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-CHAIRMAN DIONYSIUS BARTON SR. 2521-18th AVE SO. ST. PETERSBURG FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PAMELA JACKSON 3124-19th AVE SO. ST. PETERSBURG FL. 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(j), 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: **Pastor Robert Coleman** 05-12-01 127 333 3189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)