

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007634

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: DELIVERANCE TIME MINISTRY, INC.

Current Principal Place of Business:

1395 US.1 SOUTH
|
ST AUGUSTINE, FL 32084

Current Mailing Address:

44 CROOKSHANK DRIVE
ST AUGUSTINE, FL 32095

New Principal Place of Business:

1487 MASTERS DRIVE
|
ST AUGUSTINE, FL 32084

New Mailing Address:

44 CROOKSHANK DRIVE
ST AUGUSTINE, FL 32084

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTGOMERY, WILLIAM A ELDER
44 CROOKSHANK DRIVE
ST AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MONTGOMERY, WILLIAM A ELDER
44 CROOKSHANK DRIVE
ST AUGUSTINE, FL 32084 US

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:

04/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONTGOMERY, WILLIAM A PASTOR
Address: 44 CROOKSHANK DRIOVE
City-St-Zip: ST AUGUSTINE, FL 32095

Title: DV () Delete
Name: MONTGOMERY, YVETTE R PASTOR
Address: 44 CROOKSHANK DRIOVE
City-St-Zip: ST AUGUSTINE, FL 32095

Title: DS () Delete
Name: FORBES, AOLF K
Address: 709 WEST 5TH STREET
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MONTGOMERY, WILLIAM A PASTOR
Address: 44 CROOKSHANK DRIOVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DV (X) Change () Addition
Name: MONTGOMERY, YVETTE R PASTOR
Address: 44 CROOKSHANK DRIOVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DS (X) Change () Addition
Name: FORBES, AOLF K
Address: 709 WEST 5TH STREET
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTGOMERY, WILLIAM A PASTOR

DP

04/28/2002

Electronic Signature of Signing Officer or Director

Date