2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001391

Country

TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES I

Principal Place of Business 1024 WEST BROADWAY

Suite, Apt. #. etc.

City & State

Zip

Principal Place of Business

Mailing Address

OGALA FL 32670

1217 NE OSCEOLA AVE OCALA FL 34470-5219

3. Mailing Address

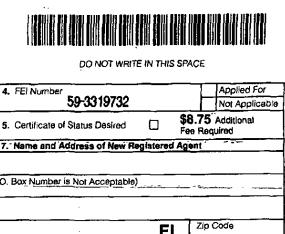
City & State

Zio

Sulte, Apt. #, etc.

FILED Jun 05, 2000 8:00 am **Secretary of State**

05-12-2000 90007 004 ****61.25



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWN, ROZELLA 1217 NE OSCEOLA AVE. OCALA FL 34470 FL 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 Kozelia Brown Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE D Change ☐ Delete TITLE Eddr L. JACKSON I DIT NE DECEDIA AUC BROWN, ROZELLA NAME NAME STREET ADDRESS 1217 NE OSCEOLA AVE STREET ADDRESS CITY-ST-ZIP CAIA. FI CITY-ST-ZIF OCALA FL Addition Change TITLE. 10 7 Delete TITLE D JACKSON, MARY NAME Joeann Langlei STREET ADDRESS STREET ADDRESS 1613 NW 20TH, AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Addition Delete Change TITLE MOORE, VIRGIL NAME NAME STREET ADDRESS STREET ADDRESS 415 NE 8TH AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Addition TITLE ☐ Change TITLE S Delete JACKSON, LORETTA NAME NAME STREET ADORESS STREET ADDRESS 1217 NE OSCEOLA AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 4 Delete ☐ Addition ☐ Change TITLE TITLE INGRAM, ANGELA NAME NAME STREET ADDRESS 1024 WEST BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 32670 ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Country

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 attachmer

SIGNATURE AND TYPED OR PRIN