

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N95000001391

1. Entity Name

TABERNALE OF DELVERANCE OUT REACH MINISTRIES I

Principal Place of Business 1024 WEST BROADWAY OCALA FL 32670	Mailing Address 1217 NE OSCEOLA AVE OCALA FL 34470-5219 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3319732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, ROZELLA 1217 NE OSCEOLA AVE. OCALA FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Rozella Brown Rozella Brown 4-28-00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ROZELLA 1217 NE OSCEOLA AVE OCALA FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Eddie L. JACKSON 1217 NE OSCEOLA AVE OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, MARY 1613 NW 20TH AVE OCALA FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D JOANN Langley 117 A to 10th Ave OCALA, FL 34478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, VIRGIL 415 NE 8TH AVE OCALA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, LORETTA 1217 NE OSCEOLA AVE OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ANGELA 1024 WEST BROADWAY OCALA FL 32670 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LORETTA F JACKSON 4-28-00 352-351-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E007 (9/99)