

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moritain</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001193 (1)**  
1. Corporation Name  
**TRUE DELIVERANCE FELLOWSHIP, INC.**



Principal Place of Business <b>618 19TH STREET EAST BRADENTON FL 34208</b>	Mailing Address <b>618 19TH STREET EAST BRADENTON FL 34208</b>
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3. Date Incorporated or Qualified <b>03/07/1994</b>	
4. FEI Number <b>65-0500199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>6412 - 14th St. W.</b> Suite, Apt. #, etc. 22 <b>BRADENTON, FLA</b> City & State 23	2a. Mailing Address 26 <b>5580 Fountain Lake Cir.</b> Suite, Apt. #, etc. 27 City & State 28 <b>BRADENTON, FLA.</b> City & State 29 <b>34207</b> Zip Country 25 <b>MANATEE</b> 30 <b>MANATEE</b>
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b. Name and Address of Current Registered Agent <b>TRICE, RAYMOND D 618 19TH STREET EAST BRADENTON FL 34208</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>TRICE, RAYMOND D.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5580 - Fountain Lake Cir. #114</b>
83 City <b>Bradenton</b>	85 Zip Code <b>FL 34207</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TRICE, RAYMOND D</b>		1.2 NAME <b>TRICE, RAYMOND D.</b>	
STREET ADDRESS <b>618 19TH STREET EAST</b>		1.3 STREET ADDRESS <b>5580 - Fountain Lake Cir #114</b>	
CITY-ST-ZIP <b>BRADENTON FL 34208</b>		1.4 CITY-ST-ZIP <b>BRADENTON, FLA. 34207</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENNETT, CARLTON</b>		2.2 NAME <b>BENNETT, CARLTON</b>	
STREET ADDRESS <b>3227 6TH AVE. WEST</b>		2.3 STREET ADDRESS <b>3227 6TH AVE. WEST</b>	
CITY-ST-ZIP <b>PALMETTO FL 34221</b>		2.4 CITY-ST-ZIP <b>PALMETTO, FL 34221</b>	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TRICE, TINA T</b>		3.2 NAME <b>TRICE, TINA T.</b>	
STREET ADDRESS <b>618 19TH STREET EAST</b>		3.3 STREET ADDRESS <b>5580 - FOUNTAIN LAKE CIR, #114</b>	
CITY-ST-ZIP <b>BRADENTON FL 34208</b>		3.4 CITY-ST-ZIP <b>BRADENTON, FLA 34207</b>	
TITLE <b>New officer</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>DTR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>→</b>		4.2 NAME <b>Spencer, Lora Ann</b>	
STREET ADDRESS <b>→</b>		4.3 STREET ADDRESS <b>1555 21st St. E.</b>	
CITY-ST-ZIP <b>→</b>		4.4 CITY-ST-ZIP <b>BRADENTON, FLA. 34208</b>	
TITLE <b>New officer</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>→</b>		5.2 NAME <b>Haygood, Harriet</b>	
STREET ADDRESS <b>→</b>		5.3 STREET ADDRESS <b>6926 9th Ct. E.</b>	
CITY-ST-ZIP <b>→</b>		5.4 CITY-ST-ZIP <b>SARASOTA, FLA 34243</b>	
TITLE <b>New officer</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>DTR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>→</b>		6.2 NAME <b>RANDALL, JOYCE</b>	
STREET ADDRESS <b>→</b>		6.3 STREET ADDRESS <b>P.O. Box 1566</b>	
CITY-ST-ZIP <b>→</b>		6.4 CITY-ST-ZIP <b>PALMETTO, FLA 34220</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond D. Trice* 4/28/98 941-739-5750

CR2E037 (10/97)