

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002561 (7)**  
 1. Corporation Name  
**TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, I NC.**



Principal Place of Business <b>3788 SOUTH WEST 40TH STREET HOLLYWOOD FL 33023</b>	Mailing Address <b>3788 SOUTH WEST 40TH STREET HOLLYWOOD FL 33023</b>
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3. Date Incorporated or Qualified <b>05/25/1995</b>		
4. FEI Number <b>11-2653554</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

**9. Name and Address of Current Registered Agent**

**DOLNIER, PAUL M  
 DOLNIER & ASSOCIATES  
 609 NORTH EAST 123RD STREET  
 NORTH MIAMI FL 33161**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COBB, COLLENE</b>
STREET ADDRESS	<b>PO BOX 840853 (N/A)*</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33164</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEWLAND, RUPERT</b>
STREET ADDRESS	<b>3788 SOUTH WEST 40TH STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MONROE, ALICE</b>
STREET ADDRESS	<b>3788 SOUTH WEST 40TH STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALLACE, JANICTH</b>
STREET ADDRESS	<b>3789 SOUTH WEST 40TH STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WATSON, DAPHNE</b>
STREET ADDRESS	<b>3788 SOUTH WEST 40TH STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RITA COKE</b>
STREET ADDRESS	<b>6032 BUCHANAN ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:** \_\_\_\_\_ Date \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Rev Alice Monroe 4-15-98* 1-954 964-1382  
 Daytime Phone # 0023394

CRE037 (10/97)