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Jul 16 1998 8:00am
Secretary of State

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



Principal Place of Business 618 19TH STREET EAST BRADENTON FL 34208	Mailing Address 618 19TH STREET EAST BRADENTON FL 34208
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3. Date Incorporated or Qualified 03/07/1994	
4. FEI Number 65-0500199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 6412 - 14th St. W. Suite, Apt. #, etc. 22 BRADENTON, FLA City & State 23	2a. Mailing Address 26 5580 Fountain Lake Cir. Suite, Apt. #, etc. 27 City & State 28 BRADENTON, FLA. City & State 29 34207 Zip 30 MANATEE Country
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b. Name and Address of Current Registered Agent TRICE, RAYMOND D 618 19TH STREET EAST BRADENTON FL 34208		10. Name and Address of New Registered Agent 81 Name TRICE, RAYMOND D. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5580 - Fountain Lake Cir. #114 84 City Bradenton FL 85 Zip Code 34207	
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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 DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRICE, RAYMOND D		1.2 NAME TRICE, RAYMOND D.	
STREET ADDRESS 618 19TH STREET EAST		1.3 STREET ADDRESS 5580 - Fountain Lake Cir #114	
CITY-ST-ZIP BRADENTON FL 34208		1.4 CITY-ST-ZIP BRADENTON, FLA. 34207	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, CARLTON		2.2 NAME BENNETT, CARLTON	
STREET ADDRESS 3227 6TH AVE. WEST		2.3 STREET ADDRESS 3227 6TH AVE. WEST	
CITY-ST-ZIP PALMETTO FL 34221		2.4 CITY-ST-ZIP PALMETTO, FL 34221	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRICE, TINA T		3.2 NAME TRICE, TINA T.	
STREET ADDRESS 618 19TH STREET EAST		3.3 STREET ADDRESS 5580 - FOUNTAIN LAKE CIR, #114	
CITY-ST-ZIP BRADENTON FL 34208		3.4 CITY-ST-ZIP BRADENTON, FLA 34207	
TITLE New officer	<input type="checkbox"/> DELETE	4.1 TITLE DTR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME →		4.2 NAME Spencer, Lora Ann	
STREET ADDRESS →		4.3 STREET ADDRESS 1555 21st St. E.	
CITY-ST-ZIP →		4.4 CITY-ST-ZIP BRADENTON, FLA. 34208	
TITLE New officer	<input type="checkbox"/> DELETE	5.1 TITLE DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME →		5.2 NAME Haygood, Harriet	
STREET ADDRESS →		5.3 STREET ADDRESS 6926 9th Ct. E.	
CITY-ST-ZIP →		5.4 CITY-ST-ZIP SARASOTA, FLA 34243	
TITLE New officer	<input type="checkbox"/> DELETE	6.1 TITLE DTR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME →		6.2 NAME RANDALL, JOYCE	
STREET ADDRESS →		6.3 STREET ADDRESS P.O. Box 1566	
CITY-ST-ZIP →		6.4 CITY-ST-ZIP PALMETTO, FLA 34220	

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)