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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001193

1. Corporation Name

TRUE DELIVERANCE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

618 19TH STREET EAST
 BRADENTON FL 34208

618 19TH STREET EAST
 BRADENTON FL 34208

3 5 7 2 7 8
 357278 - 90058 - 4



2. Principal Place of Business

2a. Mailing Address

21 **6412-14th St. W**

26 **6412-14th St. W.**

3. Date Incorporated or Qualified

03/07/1994

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

65-0500199

Applied For

Not Applicable

23 City & State

BRADENTON FLA.

28 City & State

BRADENTON, FLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

34205 USA

29 Zip

Country

34205 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRICE, RAYMOND D
618 19TH STREET EAST
BRADENTON FL 34208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DP**
 NAME **TRICE, RAYMOND D**
 STREET ADDRESS **618 19TH STREET EAST**
 CITY-ST-ZIP **BRADENTON FL 34208**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DV**
 NAME **BENNETT, CARLTON**
 STREET ADDRESS **3227 6TH AVE. WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **DST**
 NAME **TRICE, TINA T**
 STREET ADDRESS **618 19TH STREET EAST**
 CITY-ST-ZIP **BRADENTON FL 34208**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE:

Raymond D. Trice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

Daytime Phone #

CR2E037 (11/98)