

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720942 (2)

1. Corporation Name
FAITH OF DELIVERANCE CHURCH, HOUSE OF PRAISE, IN C.



Principal Place of Business: 2955 GOODRICH AVE, P.O. BOX 2732, SARASOTA FL 34230
Mailing Address: 2955 GOODRICH AVE, P.O. BOX 2732, SARASOTA FL 34230

3. Date Incorporated or Qualified: 05/14/1971
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business: 21 2955 GOODRICH AVE, Suite, Apt. #, etc. 22 P O Box 2732, City & State 23 Sarasota, FL, Zip 24 34230, Country 25
2a. Mailing Address: 26 2955 Goodrich Ave, Suite, Apt. #, etc. 27 P O Box 2732, City & State 28 Sarasota, FL, Zip 29 34230, Country 30

4. FEI Number: 65-0058900
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JENKINS,IRA
2955 GOODRICH AVE
SARASOTA FL 34234**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	HAWKINS, KATHY	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 1, BOX 14	1.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, IRA	2.2 NAME	
STREET ADDRESS	2955 GOODRICH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, BETTY	3.2 NAME	
STREET ADDRESS	2955 GOODRICH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALONZO	4.2 NAME	
STREET ADDRESS	2207 18TH ST COURT EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Renee Brock Jenkins* 3/2/96 904-973-4895
DATE: 3/2/96 DAYTIME PHONE: 904-973-4895

CR2E037 (12/95)