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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2955 GOODRICH AVE
P.O. BOX 2732
SARASOTA FL 34230
US

2955 GOODRICH AVE
P.O. BOX 2732
SARASOTA FL 34230

3. Date Incorporated or Qualified

05/14/1971

4. FEI Number

65-0058900

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, IRA
2955 GOODRICH AVE
SARASOTA FL 34234

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME HAWKINS, KATHY
STREET ADDRESS RT. 1, BOX 14
CITY-ST-ZIP JASPER FL

1.1 TITLE SD Change Addition
1.2 NAME MOSLEY, EARNESTINE McCoggle
1.3 STREET ADDRESS 6138 BAYWOOD DRIVE
1.4 CITY-ST-ZIP VALDOSTA, GA 31606

TITLE PD
NAME JENKINS, IRA
STREET ADDRESS 2955 GOODRICH AVE
CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE T
NAME JENKINS, BETTY
STREET ADDRESS 2955 GOODRICH AVE
CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE VD
NAME MILLER, ALONZO
STREET ADDRESS 2207 18TH ST COURT EAST
CITY-ST-ZIP BRADENTON FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 *IRA JENKINS* Re: V. Jenkins 2/12/98 (850-973-4875)

CF2E037 (10/97)