

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 038 *****61.25

DOCUMENT # 720942

1. Entity Name

FAITH OF DELIVERANCE CHURCH, HOUSE OF PRAISE,
INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0058900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS,IRA
2955 GOODRICH AVE
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

Betty Jenkins

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

2955 Goodrich Ave.

City

Sarasota

FL

Zip Code
34234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME GATLIN, WANDA
STREET ADDRESS 1731 LARGO CIRCLE
CITY-ST-ZIP VALDOSTA GA 31602

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

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

TITLE VD ☐ Delete
NAME BAKER, JOHN
STREET ADDRESS 995 VIRGINIA AVE.
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ☒ Change ☐ Addition
NAME Leverett, Pam
STREET ADDRESS Hwy 280 W., P.O. Box 282
CITY-ST-ZIP Americus, GA 31709

TITLE President ☒ Change ☐ Addition
NAME Jenkins, Betty
STREET ADDRESS 2955 Goodrich Ave.
CITY-ST-ZIP Sarasota, FL 34234

TITLE Treasurer ☒ Change ☐ Addition
NAME Sanders, Lorene
STREET ADDRESS P.O. Box 1072
CITY-ST-ZIP Madison, FL 32340

TITLE Same ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

mm 1-04 (850) 993 4875