FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #Corporation Name

733290

(1)

THE TEMPLE OF PRAYER AND DELIVERANCE CHURCH, INC

•						
Principal Place of Business		Mailing Address	Mailing Address			1 100111 1000 11100 11110 11010 1011 01011 01011 01011 01011 01011 01011
1721 NW BIST STREET MIAMI FL 33147		1721 NW BIST STREET MIAMI FL 33147				3. Date incorporated or Qualified 07/14/1975
						4. FEI Number Applied For
2. Principal Place of Business 20. Mailing Addre						51-0205631 Not Applicable
21		26	26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	e	City & State	11			7. Is this nonprofit corporation a homeowners association?
23		28	28			Yes No
Zip	Country	Zip		ountry	<i>i</i>	8. This corporation owes or has paid the current year Intangible
24	25	20	30			Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curre	ent Registered Agent			T	10. Name and Address of New Registered Agent
81 Name						
WINTER, JR., EDWARD J. 19 WEST FLAGLER STREET				82 Street Addres		dress (P.O. Box Number is Not Acceptable)
SUITE 310, THIRD FLOOR, BISCAYNE BLDG.				83		
MAMI FL				\perp	<u></u>	
				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						
					ent elgnature req	quired when reinstating) DATE
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	_		TITLE		Circulate Circulation	
NAME				NAME		
STREET ADDRESS	5 51 4 5 41 CT				ADDRESS	
CITY-ST-ZIP			CITY-S	IT-ZIP		
TITLE			TITLE	1	Change Addition	
NAME			1	NAME		
STREET ADDRESS	5.41.4.4 M				ADDRESS	
CITY-ST-ZIP TITLE				CITY-	ST-ZIP	☐ Change ☐ Addition
	MARTIN. CLEMENT JOSHUA			3.1 TITLE		Citatings Citatings
1		•	3.2 NAME			
STREET ADDRESS 5905 NW 3RD AVENUE				3.3 STREET ADDRESS 3.4. City-St-ZiP		
CITY-ST-ZIP TITLE			CITY-:	S1 - ZIP	Change Addition	
NAME					C Stange C Moulium	
	STREET ADDRESS 1750 NW 62 TERR			4. 2 NAME 4.3 STREET ADDRESS		
	MIAMI FL				į.	
CITY-ST-ZIP	MPMI FC	DELETE		CITY-S	1-217	Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DARDEN, MELVIN

MIAMI FL

1742 NW BIST STREET

Ry HO Don las

Ruth Darden

4/23/98305-696-018

FILED

May 05 1998 8:00am

Secretary of State