## **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

DOCUMENT #

735904

(5)

PENTECOSTAL DELIVERENCE HOUSE OF PRAYER FOR ALL GOD'S PEOPLE INC.

Principal Place of Business Mailing Address 409 CHEROKEE STREET 409 CHEROKEE STREET 3. Date Incorporated or Qualified JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 <u>05/24/1976</u> 4. FEI Number Applied For 20-1317033 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACK, EARLIE MAE 82 Street Address (P.O. Box Number is Not Acceptable) 8547 HOWELL DRIVE **B3** JACKSONVILLE FL 32208 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELEYE Change Addition TITLE 1.1 TITLE **CLEMENTS.JAMES** NAME 1.2 NAME 3736 CLYDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE STD 2.1 TITLE Change ☐ Addition TITLE **SWAIN.HESSIE** NAME 2.2 NAME 2616 VERNON ST. STREET ADDRESS 2.3 STREET ADORESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **SWAIN, JESSE** NAME 3.2 NAME 2616 VERNON STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE JONES, CHARLIE NAME 4. 2 NAME

6.4 CITY-ST-ZiP CITY-ST-7/P 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 changod, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

5.1 TITL€

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6.1 TITLE

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TITLE NAME

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NAME

1350 CAUSEY LANE

JACKSONVILLE FL

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FILED

May 26 1998 8:00am

Secretary of State

3/8/90 8NJ-388MC3

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