

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740148 (2)
1. Corporation Name
HOLY DELIVERANCE TEMPLE OF GOD APOSTOLIC, INC.



Principal Place of Business Mailing Address
INDEPENDENT, INC., P.O. BOX 2882
1818 MOSLEY STREET
JACKSONVILLE FL 32203
INDEPENDENT, INC., P.O. BOX 2882
1818 MOSLEY STREET
JACKSONVILLE FL 32203

2. Principal Place of Business 2a. Mailing Address
21 1818 Mosley St 26 PO Box 2882
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Jacksonville, Fla 27 Jacksonville, Fla
City & State City & State
23 Jacksonville Fla 28 Jacksonville Fla
Zip Country Zip Country
24 32207 25 Duval 29 32203 30 Duval

3. Date Incorporated or Qualified 09/16/1977 3a. Date of Last Report 03/30/1995
4. FEI Number 59-2952214 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

MIRACLE TEMPLE CHURCH OF JESUS CHRIST
1818 MOSLEY STREET
P.O. BOX 2882
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

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 without reissuance)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE TD
NAME WILLIAMS, LA CON
STREET ADDRESS 1818 MOSELEY ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE SD
NAME STROMING, GLORIA
STREET ADDRESS 1818 MOSELEY ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DP
NAME MYRICKS, REV CLEO B
STREET ADDRESS 1818 MOSELEY ST.
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DCS
NAME COUNCIL, JOE
STREET ADDRESS 1911 W 4TH ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)