

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 760890

(4)

1. Corporation Name

DELIVERANCE TABERNACLE INCORPORATED

Principal Place of Business

Mailing Address

3001 N. 22ND ST.  
TAMPA FL 33605  
US

7211 SOUTH KISSIMMEE STREET  
TAMPA FL 33616

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DAVIS, ROY  
7211 SOUTH KISSIMMEE STREET  
TAMPA FL 33616

3. Date Incorporated or Qualified

12/03/1981

4. FEI Number

59-2344763

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

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

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME DAVIS, ROY  
STREET ADDRESS 7211 S. KISSIMMEE STREET  
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE DV  
NAME CONAGE, LINDA  
STREET ADDRESS 1612 32ND AVE  
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE DS  
NAME ALEXANDER, YVONNE  
STREET ADDRESS 1208 14TH AVE.  
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE D  
NAME HEARD, JUDY  
STREET ADDRESS 1307 27TH AVE.  
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE D  
NAME DAVIS, DELORIS  
STREET ADDRESS 7211 S. KISSIMMEE STREET  
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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:

Yvonne Alexander Yvonne Alexander

7/21/98

247-3594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 30 1998 8:00am  
Secretary of State



CR2E037 (5/98)