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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771039

1. Corporation Name

BELLE GLADE DELIVERANCE REVIVAL CENTER, INC.

Principal Place of Business
748 SW 14TH STREET
BELLE GLADE FL 33430

Mailing Address
748 SW 14TH STREET
BELLE GLADE FL 33430



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/02/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2773621

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTNER, JOHNNIE
748 SW 14TH STREET
BELLE GLADE FL 33430

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE PD
NAME LIGHTNER, JOHNNIE
STREET ADDRESS 748 SW 14TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

1.1 TITLE Deacon
1.2 NAME Deacon Larry Cuyler
1.3 STREET ADDRESS 908 S.E. Second St.
1.4 CITY-ST-ZIP Belle Glade, FL 33430

TITLE SD
NAME LIGHTNER, SANDRA L.
STREET ADDRESS 748 SW 14TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

2.1 TITLE Secretary
2.2 NAME Debra Elmore
2.3 STREET ADDRESS P.O. Box 465
2.4 CITY-ST-ZIP South Bay, FL 33493

TITLE TD
NAME LIGHTNER, FRANCES L.
STREET ADDRESS 748 SW 14TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

3.1 TITLE Treasurer
3.2 NAME Latoria Clark
3.3 STREET ADDRESS 5330 Eadie PL
3.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Trustee
4.2 NAME Antonio Clark
4.3 STREET ADDRESS 5330 Eadie PL
4.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Trustee
5.2 NAME Joe McKenzie
5.3 STREET ADDRESS #101 715 Mobile Home Park
5.4 CITY-ST-ZIP Belle Glade, FL 33430

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Eldon Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99
Date

561-996-0604
Daytime Phone #

CR2E037 (11/98)