

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 841955

1. Corporation Name

INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC.

Principal Place of Business

1506 S SLAPPEY BLVD
PO BOX 4460
ALBANY GA 31706-4460

Mailing Address

1506 S SLAPPEY BLVD
PO BOX 4460
ALBANY GA 31706-4460



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

12/01/1978

4. FEI Number

58-1383663

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

9. Name and Address of Current Registered Agent

WILLIAMS, ISIAH
3318 HIGHLAND AVENUE
FT. MYERS FL 33916

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FOWLER, DEACON ROLAND
1406 E TIFT
ALBANY GA 31705

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAMILTON, DEACON ROBERT
204 LEXINGTON DR
ALBANY GA 31705

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
REVILLS, ELDER ULLAINEE
1618 MOULTRIE RD
ALBANY GA 31705

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
HAWKINS, ANN W.
RT 2, BOX 900
NEWTON GA 31770

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
COLLINS, REBECCA D
APARTMENT 315, MALONE TOWERS
ALBANY GA 31701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
REVILLS, APOSTLE ISIAH
1618 MOULTRIE RD
ALBANY GA 31705

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

T
HALL, GLADIS
Rte. 02, Box 1850
Newton, Georgia 31770

☐ Change

☒ Addition

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

000002787470--0
-02/25/99--01073--007
*****61.25 *****61.25

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ 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, with all other like empowered.

APOSTLE ISIAH REVILLS/President

SIGNATURE: X

SIGNATURE AND TYPE OF OFFICE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-18-99

008116

CR2E037 (1/98)