FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N00007

(7)

THE TRUE DELIVERED CHURCH OF THE LORD JESUS CHRI

ST, INC) ,					
Principal Place	e of Business	Mailing Address	Mailing Address		-	81 81811 81811 81811 61814 81811 81811 81811 8
* PATRICIA JOHNSON 107 MOSELEY AVENUE MAITLAND FL 32751		% PATRICIA JOHNSON 107 MOSELEY AVENUE MAITLAND FL 32751-6702		Date Incorporated or Qualified	3a. Date of Last Report	
· · · · · · · · · · · · · · · · · · ·					11/22/1983	02/08/1996
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number 53-2427221	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CO 75 A 447
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		04	10. Name and Address of New Reg	Istered Agent
A				81 Name		
	D, DEBRA ANN		82 Street Address		ess (P.O. Box Number is Not Acceptabl	e)
	itton drive 10 Fl 32808			83		
OHENIO	10 1L 02000					
		•		64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	les, the al	pove-named corp	poration submits this statement for the pu	rpose of changing its registered
ottice of r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 617.0503, Fl	authorize Iorida Stal	d by the corporat utes.	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
	Signature, typod or printed name of registered ag			Agent signature require		DATE
12.	CD OFFICERS AN	D DIRECTORS DELETE	13.	ı. T	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JOHNSON, PATRICIA		1.2 N	i i		Change C Addition
STREET ADDRESS	107 MOSELY AVE.			REET ADDRESS		
CITY-ST-ZIP	MAITLAND FL			IY-ST-ZIP		
TITLE	TD	DELETE	2.1 1			Change Addition
NAME	JOHNSON, LEON	_	2.2 N/	ME (_ ,
STREET ADDRESS	107 MOSELY AVE.		2.3 \$1	REE1 ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.40	TY-ST-ZIP		
TITLE	&D	☐ DELETE	3.1 Tf			Change Addition
NAME	Johnson, Bessie Lee		3.2 N/	ME		
STREET ADDRESS	112 CALHOUN AVE.		3.3 \$1	REET ADDRESS		·
CITY-\$T-ZIP	MAITLAND FL			TY-ST-ZIP		<u>'</u>
TITLE		DELETE	4.1 TI	I		Change Addition
NAME			4.2 N	1		
STREET ADDRESS			1	REET ADDRESS		
CITY+ST-ZIP		DELETE		IY-ST-ZIP		Change Addition
TITLE		- Detere	5.1 10	ſ		Change Addition
NAME CTOSET ADDRESS			5.2 N/	ı		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.1 Ti	IY-ST-ZIP		☐ Change ☐ Addition
NAME			6.2 N/	1		En anguigo En visionion
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		

14. I do 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 typistic 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 or an attachment with an address.

SIGNATURE: