FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03181** **(7)**

1. Corporation Name

NEW TESTAMENT CHURCH OF DELIVERANCE INC.

Principal Place of Business	Mailing Address
3200 LEONARD REID AVNEUE SARASOTA FL 33580	3200 LEONARD REID AVNEUE SARASOTA FL 33580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1984
3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEJERINETT, EDDIE L. 3200 LEONARD REID AVENUE SARASOTA FL 33580	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	TD ☐ Change ☐ Addition
NAME	DEJERINETT, EDDIE L.,REV	12 NAME	SAM WHITFIELD
STREET ADDRESS	3200 LEONARD REID AVE.	13 STREET ADDRESS	1423 20th St
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota FL 34234
TITLE	TD	21 TITLE	PD ☐ Change ☐ Addition
NAME	WILLIAMS, BERMA	22 NAME	DejeriNett Eddie L,Rev
STREET ADDRESS	2052 UPTON STREET	23 STREET ADDRESS	3200 Leonard Reid Ave
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota FL
TITLE	VD	31 TITLE	VD ☐ Change ☐ Addition
NAME	MILLER, NORMAN	32 NAME	Miller Norman
STREET ADDRESS	3109 VESPER AVENUE	33 STREET ADDRESS	3109 Vesper Ave
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota FL
TITLE	S	41 TITLE	S ☐ Change ☐ Addition
NAME	MILLER, ADDIE	42 NAME	Miller Addie
STREET ADDRESS	3109 VESPER AVENUE	43 STREET ADDRESS	3109 Vesper Ave
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Bishop E. Dejerinett 4-6 813-355-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031197