FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 MAR -8 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0087033

DOCUMENT # N03181

1. Corporation Name
NEW TESTAMENT CHURCH OF DELIVERANCE INC.

Principal Place of Business
3200 LEONARD REID AVNEUE
SARASOTA FL 33580

Mailing Address
3200 LEONARD REID AVNEUE
SARASOTA FL 33580

2. Principal Place of Business
21 New Testament Church
Suite, Apt. #, etc.
22 1731 27th St
City & State
23 SARASOTA FL
Zip 24 34234 Country 25

2a. Mailing Address
26 3200 Leonard Reid Ave
Suite, Apt. #, etc.
27
City & State
28 SARASOTA FL
Zip 29 34234 Country 30

3. Date Incorporated or Qualified
05/21/1984

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

9. **Name and Address of Current Registered Agent**

DEJERINETT, EDDIE L.
3200 LEONARD REID AVENUE
SARASOTA FL 33580

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITFIELD, SAM		1.2 NAME	000002803660---6
STREET ADDRESS	1423 20TH STREET		1.3 STREET ADDRESS	-03/12/99--01010--011
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEJERINETT, EDDIE L		2.2 NAME	000002803660---6
STREET ADDRESS	3200 LEONARD REID AVE.		2.3 STREET ADDRESS	-03/12/99--01010--012
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, NORMAN		3.2 NAME	
STREET ADDRESS	3109 VESPER AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ADDIE		4.2 NAME	
STREET ADDRESS	3109 VESPER AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	3/8/99
CITY-ST-ZIP			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)(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.

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

CR2E037 (11/98)