FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14479** **(2)**

1. Corporation Name
VOICE OF DELIVERANCE DISCIPLE CENTER OF SARASOTA , INC.

Principal Place of Business	Mailing Address
1856 MARTIN LUTHER KING JR. S. WAY SARASOTA FL 34234	PO BOX 9031 SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/18/1986**
3a. Date of Last Report: **09/14/1994**
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

SCURRY, FELICIA
2112 MYRTLE ST
SARASOTA FL 34234

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 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 _____
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	VSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, LEON	1.2 NAME	
STREET ADDRESS	3119 QUEENSBORO AVE. SOUTH	1.3 STREET ADDRESS	600001489636
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	-05/17/95--01006--013
TITLE	VSTD	2.1 TITLE	*****70.00 ☒ Change 70.00 ☐ Addition
NAME	CASH, LOUISE	2.2 NAME	
STREET ADDRESS	3119 QUEENSBORO AVE. SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	VSTD	3.1 TITLE	☒ Change ☐ Addition
NAME	LEMONS, JESTINE	3.2 NAME	
STREET ADDRESS	1824 2ND ST. SOUTH	3.3 STREET ADDRESS	SHE HAS RESIGNED
CITY-ST-ZIP	ST.PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SCURRY, FELICIA	4.2 NAME	
STREET ADDRESS	2112 MYRTLE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	MRS. VIRGINIA GOMEZ
STREET ADDRESS		5.3 STREET ADDRESS	3119 QUEENSBORO AVE. SOUTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: FELICIA SCURRY Felicia Scurry Jr. 5/7/95 1-813-955-6043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR.ANR