

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20035** (4)
1. Corporation Name
THE PEOPLE'S CHURCH OF DELIVERANCE INC.



Principal Place of Business
**% JOE L. WIGGS
1282 42 ST.
SARASOTA FL 34234**

Mailing Address
**% JOE L. WIGGS
1282 42 ST.
SARASOTA FL 34234**

3. Date Incorporated or Qualified **04/07/1987** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business
21 **1386 6th ST** 2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 **Sarasota FLA** 27 City & State

24 **34236** 25 Country 29 Zip 30 Country

4. FEI Number **59-2803212** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WIGGS, JOE L.
1282 42ND 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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	WIGGS, JOE L.	<input type="checkbox"/> DELETE
NAME		2221 JANIE POE DRIVE	
STREET ADDRESS		SARASOTA FL	
CITY - ST - ZIP			
TITLE	T	HOWARD, PAULYNE M	<input type="checkbox"/> DELETE
NAME		1855 22ND STREET	
STREET ADDRESS		SARASOTA FL	
CITY - ST - ZIP			
TITLE	T	WIGGS, EVA N.	<input type="checkbox"/> DELETE
NAME		2221 JANIE POE DRIVE	
STREET ADDRESS		SARASOTA FL	
CITY - ST - ZIP			
TITLE	T	MCKNIGHT, JR. L	<input type="checkbox"/> DELETE
NAME		1839 19 STREET	
STREET ADDRESS		SARASOTA FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	Ricky Newsome	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		1722 5th ST APTA	
13 STREET ADDRESS		Sarasota FLA 34234	
14 CITY - ST - ZIP			
21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
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)(k), 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: **Joe Louis Wiggs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96
Date

355-7468
Daytime Phone

CR2E037 (12/95)