FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

THE PEOPLE'S CHURCH OF DELIVERANCE INC.

FILED
Feb 03 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Addre	ess				
1386 6TH ST 1282 42 ST. SARASOTA FL	34236	% Joe L. Wig 1282 42 St. Sarasota Fl		3. Date Incorporated or Qualified 04/07/1987	 -		
US					Applied For		
				59-2803212 Not App	licable		
2. Principal Place of Business		2a. Mailing Ad	ddress		\$8.75 Additional Fee Required		
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
City & State		City & Sta	te	7. Is this nonprofit corporation a homeowners association? Yes No			
Zip 24	Country 25	Zip 29	Gountry 30	8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No	ie		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
111000			81 Name				

WIGGS, JOE L. 1282 42ND ST SARASOTA FL 34234

84	City FL	85	Zip Code
83			
82	Street Address (P.O. Box Number is Not Acceptable)		
81	Name		

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 re agent. I a	egistered agent, or both, in the State of Florida. Such char m familiar with, and accept the obligations of, Section 617	nge was authoriz .0503, Florida St	zed by the corp tatutes.	oration's board of directors. I h	ereby accept the appoi	ntment as	registered
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable.			required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		3.	ADDITIONS/CHANGE	ANGES TO OFFICERS AND DIRECTORS		
TITLE	1 10	ELETE 1.1	ITILE		<u>L</u>	Change	Addition
NAME	WIGGS, JOE L.	1.2	NAME				
STREET ADDRESS	2221 JANIE POE DRIVE	1.3	STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL	1.4	CITY-ST-ZIP				
TITLE	T	ELETE 2.1	TITLE			Change	Addition
NAME	NEWSOME, RICKY	2.2	NAME				
STREET ADDRESS	1722 5TH ST APT A	2.3	STREET ADDRESS				
CiTY-ST-ZIP	SARASOTA FL	2. 4	4 CITY-ST-ZIP				
TITLE	T D	LETE 3.1	TITLE			Change	Addition
NAME	WIGGS, EVA N.	3.2	NAME				
STREET ADDRESS	2221 JANIE POE DRIVE	3.3	STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		. CITY-ST-ZIP				
TITLE	Ţ DE	LETE 4.1	TITLE			Change	Addition
NAME	MCKNIGHT, LEROY JR	4, 2	2 NAME				
STREET ADDRESS	1314 18TH ST	4.3	STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL	4.4	CITY-ST-ZIP				
TITLE	DE	LETE : 5.1	TITLE			Change	Addition
NAME		5.2	NAME				
STREET ADDRESS		5.3	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				_
TITLE	□ DE	LETE 6.1	TITLE			Change	Addition
NAME		6.2	NAME				
STREET ADDRESS		6.3	STREET ADDRESS				
CITY, ST. 710		6.1	CITY_ST_7ID				

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.

SIGNATURE:

SIGNATURE REQUIRED