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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N20035

1. Corporation Name

THE PEOPLE'S CHURCH OF DELIVERANCE INC.

Principal Place of Business

1386 6TH ST
1282 42 ST.
SARASOTA FL 34236
US

Mailing Address

% JOE L. WIGGS
1282 42 ST.
SARASOTA FL 34234



2. Principal Place of Business

21 **1400 Central Ave.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Sarasota, Florida**

24 Zip

25 **34236**

Country

26 **Sarasota**

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/07/1987

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **WIGGS, JOE L.**
STREET ADDRESS **2221 JANIE POE DRIVE**
CITY-ST-ZIP **SARASOTA FL**

T ☐ DELETE

NAME **NEWSOME, RICKY**
STREET ADDRESS **1722 5TH ST APT A**
CITY-ST-ZIP **SARASOTA FL**

T ☐ DELETE

NAME **WIGGS, EVA N.**
STREET ADDRESS **2221 JANIE POE DRIVE**
CITY-ST-ZIP **SARASOTA FL**

T ☐ DELETE

NAME **MCKNIGHT, LEROY JR**
STREET ADDRESS **1314 18TH ST**
CITY-ST-ZIP **SARASOTA FL**

T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Wiggs, Joe L.**
1.3 STREET ADDRESS **1282 42nd St.**
1.4 CITY-ST-ZIP **Sarasota, FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Newsome, Ricky**
2.3 STREET ADDRESS **1289 42nd St.**
2.4 CITY-ST-ZIP **Sarasota, FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Wiggs, Eva N.**
3.3 STREET ADDRESS **1282 42nd St.**
3.4 CITY-ST-ZIP **Sarasota, FL**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **SANDRA STEEN**
4.3 STREET ADDRESS **3000 N. ORANGE AVE**
4.4 CITY-ST-ZIP **SARASOTA FL 34234**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: **Joe L. Wiggs** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Louis WIGGS 1/4/99 353-7468

Date

Daytime Phone #

CR2E037 (11/98)