

DOCUMENT # N20035

1. Entity Name

THE PEOPLE'S CHURCH OF DELIVERANCE INC.

Principal Place of Business

2356 COLSON AVE
SARASOTA FL 34234
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803212

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	WIGGS, JOE L.	<input type="checkbox"/> Delete
NAME		1282 42ND STREET	
STREET ADDRESS		SARASOTA FL US	
CITY-ST-ZIP			

TITLE	T	NEWSOME, RICKY	<input type="checkbox"/> Delete
NAME		1289 42ND STREET	
STREET ADDRESS		SARASOTA FL US	
CITY-ST-ZIP			

TITLE	T	WIGGS, EVA N	<input type="checkbox"/> Delete
NAME		1282 42ND STREET	
STREET ADDRESS		SARASOTA FL US	
CITY-ST-ZIP			

TITLE	T	MCKNIGHT, LEROY JR	<input type="checkbox"/> Delete
NAME		1314 18TH ST	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			

TITLE	S	STEEN, SANDRA	<input type="checkbox"/> Delete
NAME		3000 N ORANGE AVENUE	
STREET ADDRESS		SARASOTA FL 34234	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joe L. Wiggs 12-01 355-74658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe L. Wiggs

1/16/

FILED

Feb 03, 2001 8:00 am
Secretary of State

01-16-2001 90004 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)