

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # N23185 (4)
1. Corporation Name
PENTECOSTAL EXPERIENCE DELIVERANCE CHURCH, INC.

Principal Place of Business Mailing Address
3159 W 19TH ST JACKSONVILLE FL 32205 3159 W 19TH ST JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1987 3a. Date of Last Report 03/15/1994
4. FEI Number 59-2852972
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

LOCKETT, BERNARD D.
3159 WEST 19TH STREET
JACKSONVILLE FL 32205

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 607.1506, 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

(President) *Bernard D. Lockett* BERNARD D. LOCKETT 2-9-95

Signature, typed or printed name of registered agent and title of representative

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOCKETT, BERNARD D.
STREET ADDRESS 2712 FLORADALE DR. SOUTH
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME LOCKETT, SHEILA D.
STREET ADDRESS 2712 FLORADALE DR. SOUTH
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME WRIGHT, LOUISE L.
STREET ADDRESS 5534 MAHALIA DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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)(b), 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 a partner or partner's employee, or a person authorized to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an additional name with an address.

SIGNATURE: *Bernard D. Lockett* BERNARD D. LOCKETT 2-9-95 904(765)6862

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR