

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 27 PM 4:01

DOCUMENT # **N25824** (6)

1. Corporation Name  
**JESUS' DELIVERANCE TABERNACLE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**HIGHWAY 301 P.O. BOX 729 WALDO FL 32694**

3. Date Incorporated or Qualified **04/08/1988** 3a. Date of Last Report **02/09/1994**

4. FEI Number **59-2905626** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, JANICE A.  
187 SE 5TH AVENUE  
WALDO FL 32694**

81 Name **Lowe, Janice A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **187 SE 5th Ave.**  
83  
84 City **Waldo** FL 85 Zip Code **32694**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **DAVIS, SAMUEL J.**  
STREET ADDRESS **17205 N.E. HWY 301**  
CITY-ST-ZIP **WALDO FL 32694**

1.1 TITLE  
1.2 NAME  Change  Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD**  
NAME **DAVIS, MARTHA S.**  
STREET ADDRESS **17205 N.E. HWY 301**  
CITY-ST-ZIP **WALDO FL 32694**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **STD**  
NAME **DAVIS, SARAH L.**  
STREET ADDRESS **14116 N.E. 160TH AVE.**  
CITY-ST-ZIP **WALDO FL 32694**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 118.07(3)(b), Florida Statutes. I further certify that the information included 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: *Sarah Davis* (Secretary)

1-24-95 904-468-2290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File #