

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N25824 (6)

1. Corporation Name
JESUS' DELIVERANCE TABERNACLE, INC.



| | |
|---|---|
| Principal Place of Business HIGHWAY 301 P.O. BOX 729 WALDO FL 32694 | Mailing Address HIGHWAY 301 P.O. BOX 729 WALDO FL 32694 |
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|--|---|
| 3. Date Incorporated or Qualified 04/06/1988 | |
| 4. FEI Number 59-2905626 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**LOWE, JANICE A.
 167 S.W. 5TH AVE.
 WALDO FL 32694**

10. Name and Address of New Registered Agent

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|---|
| 81 Name Lowe, Janice A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 167 S.W. 5TH Ave. |
| 83 City Waldo, FL |
| 84 Zip Code FL 32694 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|--|--------------------------------------|---------|
| TITLE PD | NAME DAVIS, SAMUEL J. | DELETED |
| STREET ADDRESS 17205 N.E. HWY 301 | CITY-ST-ZIP WALDO FL 32694 | |
| TITLE VD | NAME DAVIS, MARTHA S. | DELETED |
| STREET ADDRESS 17205 N.E. HWY 301 | CITY-ST-ZIP WALDO FL 32694 | |
| TITLE STD | NAME DAVIS, SARAH L. | DELETED |
| STREET ADDRESS 14116 N.E. 160TH AVE. | CITY-ST-ZIP WALDO FL 32694 | |
| TITLE | NAME | DELETED |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | DELETED |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | DELETED |
| 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 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: Sarah L. Davis STD Date: 2/19/98 Daytime Phone #: 352-468-2290

CR2E037 (10/97)