

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90131 018 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N25824**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2905626

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, JANICE A**  
**167 SW 5TH AVE**  
**WALDO FL 32694**

81 Name

**Lowe, Janice A**

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

**167 SW 5TH AVE.**

83

**WALDO, FL 32694**

84 City

**WALDO**

**FL**

85 Zip Code  
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **VD**  DELETE  
 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**  DELETE  
 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  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)