


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N26586 (0)

1. Corporation Name
FULL GOSPEL TEMPLE OF DELIVERANCE INC.



Principal Place of Business
P.O. BOX 231
RAIFORD FL 32083

Mailing Address
P.O. BOX 231
RAIFORD FL 32083

3. Date Incorporated or Qualified
05/24/1988

4. FEI Number
59-2947490

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FLOYD, BILLY
RT. 4, BOX 551
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
81 Name W. L. HUNTER
82 Street Address (P.O. Box Number is Not Acceptable) 402 E. ST JOHNS ST
83
84 City LAKE CITY FL 85 Zip Code 32025

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 *W. L. Hunter* (NOTE: Registered Agent signature required when reinstating) DATE 1-15-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DYAL, GEORGE C.	
STREET ADDRESS	245 SW 3RD AVE.	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DYAL, CHRISTINE	
STREET ADDRESS	245 SW 3RD AVE.	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, BILLY	
STREET ADDRESS	RT 4, BOX 551	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	ST VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine Dyal
2.3 STREET ADDRESS	345 SW 3rd Ave
2.4 CITY-ST-ZIP	LAKE BUTLER FL 32054
3.1 TITLE	REGISTERED AGENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W. L. HUNTER
3.3 STREET ADDRESS	402 E. ST JOHNS ST
3.4 CITY-ST-ZIP	LAKE CITY, FL 32025
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOYCE HUNTER
4.3 STREET ADDRESS	402 E. ST JOHNS ST
4.4 CITY-ST-ZIP	LAKE CITY, FL 32025
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

SIGNATURE: *Christine Dyal* (Christine DYAL) 1/15/98 904/496-2805

CR2E037 (10/97)