

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 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 # **N26831** (0)

1. Corporation Name

NEW DELIVERANCE CENTER, INC.



| | | | | | |
|---|--|---|--|---|--|
| Principal Place of Business \$130 N. POWERS DR 6616 HENRICH DRIVE ORLANDO FL 32818 US | | Mailing Address C/O EFETUS C. WRIGHT 6616 HENRICH DR ORLANDO FL 32818-5339 US | | 3. Date Incorporated or Qualified 06/07/1988 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2963193 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 25 Country | | 30 Country | | 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 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHTM EFETUS C.
6616 HENRICH DRIVE
ORLANDO FL 32818**

| |
|--|
| 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 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 | VD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORBES, ERMINE | 1.2 NAME | |
| STREET ADDRESS | 3222 S. BUMBY AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, EFETUS C. | 2.2 NAME | |
| STREET ADDRESS | 6616 HENRICH DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, DELKIE | 3.2 NAME | |
| STREET ADDRESS | 6616 HENRICH DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPBELL, MILICENT | 4.2 NAME | |
| STREET ADDRESS | 3105 BYU COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *E C Wright*

EFETUS C. WRIGHT.

3. 30. 98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047232

CR2E037 (10/97)