FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.



ರ0.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90048 046 ****61.25

214810 ⁴ - 90048 - 46	i
	ĺ

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

08/01/1989

59-2992951

4. FEI Number

OCUMENT # N33835 Corporation Name							
LATTER DAY DELIVERANCE (NC.	CHURCH OF JESUS CHRIST, I						
Principal Place of Business	Mailing Address						
900 91ST SOUTH ST PETERSBURG FL 33701 US	4050 2ND AVENUE S. St. Petersburg FL 33711						

26

27

2a. Mailing Address

City & State

Suite, Apt. #, etc.

City & State	ete Fl Denette	City & State		_	5. Certifcate of Status Desired		\$8.75 A	
Zip 337	07 25 Pheiles		Country		Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	
24 001	9. Name and Address of Curren				10. Name and Address of New F	Registered A	gent	
			81	Name				
2015			-	<u></u>				
POWELL,			82	Street Addr	ress (P.O. Box Number is Not Accepta	able)	•	
4050 2ND			83	 				
SI. PETER	RSBURG FL 33711		L					
			84	City		F <u>L</u>	85 Zip C	
office or r	to the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was author	rized by	the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of o ot the appoin	changing its i itment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NDTE: Regis	stered Ager	nt signature require	ed when reinstating)	DATE	 	
12.			13.		ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	₹S IN 12
TITLE	PD	☐ DELETE	1,1 TITLE				☐ Change	☐ Addition
NAME	POWELL , VIVIAN D.		1.2 NAME					ļ
STREET ADDRESS	4050 2ND AVE. SO.	Į.	1.3 STREE	T ADDRESS]
CITY-ST-ZIP	ST. PETERSBURG FL 33711		1.4 CITY-S	T-ZIP		<u> </u>	, ^{, , ,}	
TITLE	T	☐ DELETE	2.1 TITLE				Change .	Addition
NAME	SMITH, ORYNTHIS	1	2.2 NAME				. ,	
STREET ADDRESS	4356 3 AVENUE SOUTH		2.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-S	ST-ZIP				
TITLE	TS	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	EVANS, MARY	1	3.2 NAME		•			ì
STREET ADDRESS	4050 2ND AVE. SO.	·	3.3 STREE	T ADDRESS				ŀ
CITY-ST-ZIP	ST. PETERSBURG FL 33711		3.4. CITY- S	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE	.			Change	☐ Addition
NAME I	LINK, JOYCE	I .	4. 2 NAME					1
STREET ADDRESS	4601 18 AVE. SO.		4.3 STREE	T ADDRESS		·	·	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					}
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-\$	T-ZIP				
TITLE		C beer.c	6.1 TITLE				Change	☐ Addition
NAME		1	6.2 NAME					}
STREET ADDRESS				T ADDRESS	•]
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	0.000			<u> </u>

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 employered 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: