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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N36842** (5)

1. Corporation Name

TRUE WAY BIBLE DELIVERANCE CHURCH, INC.

Principal Place of Business

**1605 DETROIT STREET
JACKSONVILLE FL 32254
US**

Mailing Address

**1605 DETROIT STREET
JACKSONVILLE FL 32254-1928
US**



3. Date Incorporated or Qualified
02/28/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3084421

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **1605 Detroit ST.**

Suite, Apt. #, etc.

22

23 **Jacksonville Florida**

City & State

Zip

24 **32254**

Country

25 **DUVAL**

2a. Mailing Address

26 **1605 Detroit ST.**

Suite, Apt. #, etc.

27

28 **Jacksonville Florida**

City & State

Zip

29 **32254**

Country

30 **DUVAL**

9. Name and Address of Current Registered Agent

**ROSE, JIMMIE
2416 PULLMAN AVENUE
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **ROSE, JIMMIE LEE**
STREET ADDRESS **2416 PULLMAN AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE
NAME **ROSE, CHERYL DINIA**
STREET ADDRESS **2416 PULLMAN AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **BURKES, CARRIE**
STREET ADDRESS **3443 BROADWAY AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **ROSE, ETHEL**
STREET ADDRESS **6951 W VIRGINIA AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Thomas Rushing**
1.3 STREET ADDRESS **3216 Roselle St.**
1.4 CITY-ST-ZIP **Jacksonville FL 32205**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **LILLIE M. LEE**
2.3 STREET ADDRESS **9264 Sibbald Rd.**
2.4 CITY-ST-ZIP **Jacksonville FL 32208**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Daisy Rushing**
3.3 STREET ADDRESS **3216 Roselle St.**
3.4 CITY-ST-ZIP **Jacksonville FL 32205**

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 do 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: **Jim Rose** **4/28/97** **(904) 355-9260**

CR2E037 (9/96)