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NONPROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

GREATER PRAISE AND DELIVERANCE EVANGELISTIC HOUS

FILED Feb 13 1998 8:00am Secretary of State

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E OF FRATER, INC.								
Principal Place of Business Mailing Address						VIII VIVII VIVI II	13111 3 1911 619	ill Bibit 1881
4377 CRAWFORDVILLE RD.		P.O. BOX 14941		3. Date Incorporated or Qualified				
UNIT C	F. 00000	TALLAHASSEE FL 32308		08/02/1991				
TALLAHASSEE	FL 32308				4. FEI Number		Ар	plied For
					59-3098708		No	t Applicable
2. Principal Pl	ace of Business	2a. Mailing Address			5. Certificate of Status Desired		\$8.75	\dditional
21		26			C. Commodic of States Beside		Fee Re	quired
Suite, Apt. #, etc.		Suite, Apt. #, otc.			6. Election Campaign Financing \$5.00 May Be			
City & State		City & State			Trust Fund Contribution			
23		28		7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Ζφ	Countr					engible
24	25 29		30	,	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	t at	1331T		10. Name and Address of New Ro		gent	
			81	Name				
LANE SR, MINISTER ROBERT			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
RT 3 BOX 678-B					Cita	,		
TALLAHA	ASSEE FL 32308		83	1				
			84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip (Code
	16 . 617 6170	10174500 51 77 70				<u> </u>		
office or re	egistered agent, or both, in the State c	if Florida. Such change was a	authorized b	y the corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of c opt the appoi	ihanging its intment as	s registered registered
agent Lar	n familiar with and accept the obligat	ions of, Section 617.0503, Fi	orida Statute	'S .				
SIGNATURE	Signafore, typical or prinheal raine of rogesten al rajest	are table it another the (NOT	E. Rogistered Ad	annt signature regiu	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR	S IN 12
TITLE	D	☐ DELFTE	1.1 TIFLE	7	T/S/MD	1	Change	Addition
NAME	LANE, EVELYN MINISTER		1.2 NAME	•	1011-4-			
STREET ADDRESS	RT 3 BOX 678-B		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CiTy -	ST-ZIP				
TITLE	Ţ	DELETE	2 1 TITLE	7	r/D	¥	- Change	Addition
NAME	LAME, ROBERT SR MINISTER		2 2 NAME		, , _			
STREET ADDRESS	RT 3 BOX 678-B			T ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL	DELETE	2 4 CITY	-S1 - ZIP			Change	Addition
TITLE	D SPENCED LLOVO MANISTED	Deterie	3 1 711LE		Edwar & Jacks	ะคม ี		AND MODITION
NAME STREET ADDRESS	SPENCER, LLOYD MINISTER P O BOX 14941 N/A		3.2 NAME	T ADORESS	LIGHTLY PACKS	Cili A	W.	
CITY ST-ZIP	TALLAHASSEE FL		3.4 CITY	-	ALIANASSEE FL		1-24	
THE	TALBATAOOLL 1 L	DELETE	4.1 TITLE	31-ZIP	HER IT ISSUES TO		Change	Addition
NAME			4. 2 NAM			_		
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP			4.4 CITY -					
TITLE		DELETE	5 1 TITLE		Western Committee of the Committee of th		Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			53 STREE	1 ADDRESS				
CITY-ST ZIF		<u></u>	54 CITY-	ST-ZIP				
TOTLE		☐ DELETE	61 TITLE				Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
I				I				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 our annual climent with an address.

SIGNATURE:

02/05/98

488-8567