## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

(3)

## TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.

Suite, Apt. #, etc.	CENTER, INC.										
# NOMESTEAD FL 20090  # NOMESTEAD FL 20090  # A PRINCIPAL PLANS OF BUSINESS  # A PRINCIPAL PLANS OF	Principal Place	e of Business	Mailing Address	Mailing Address			j jekingen en enere kiren jelte isaan	idii didii didii d		ION DERENTAL	
12/05/1991   0.3/18/1996   0.3/18/1996   12/05/1991   0.3/18/1996   12/05/1991   0.3/18/1996   12/05/1991   0.3/18/1996   12/05/1991				ı							
Suite Apt #, etc								3a. Date 0	/ Last Re <b>/18/19</b>	port <b>96</b>	
27	2. Principal P	Place of Business	—	¬ *			OF COOCEAE			·	
27    28    29    29    20	22		<u>├</u>	<b>├</b> ┐			5. Certificate of Status Desired	V			
2p   2p   2p   2p   2p   2p   2p   2p		e	<u> </u>	<del>                                     </del>							
8. Name and Address of Current Registered Agent  MCCOY, LOUISE 512 SW 4TH ST. HOMESTEAD FL 33030  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florada Statutes, the above-named corporation automis this statement for the pursuae of changing its registered agent or both in the State of Fords, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and maintain with, and accept the obligations of, Section 617,0503, Florada Statutes.  SIGNATURE Signature Tambina with, and accept the obligations of, Section 617,0503, Florada Statutes.  SIGNATURE Signature Name and Address of New Registered Agent  4 City FL 95 Zip Code  11. Pursuant to the provisions of Sections 617 0502 Florada Statutes.  SIGNATURE Signature Name and Address of New Registered Agent  12. City FL 95 Zip Code  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  14. DP	Zip	Zip Country Zip		<del> </del>			8. This corporation has liability for intangible tax under s. 199.032,				
MCCOY, LOUISE 512 SW 4TH ST. HOMESTEAD FL 33030  B4 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 submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was submits the statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was submits the statement for the purpose of changing its registered agent agent and amular with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP	24										
512 SW 4TH ST. HOMESTEAD FL 33030    BM   City	<del></del> -			8	31 N	lame					
HOMESTEAD FL 33030    63     64   City   FL   65   Zip Code				1	<b>32</b> S	treet Addre	ess (P.O. Box Number is Not Acceptab	le)			
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, 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, 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, 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, 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, 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, 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, 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, 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, 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, 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, or both in the state authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the s				1	83			····			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florada Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE	***************************************			1	<b>84</b> C	ity		EI 8	5 Zip (	Code	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 ITILE	office or r agent. I a	registered agent, or both, in the S	itate of Florida. Such change wa	as authorized	hv th	amed corp e corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of cha	anging its ment as	s registered registered	
TITLE DP	SIGNATURE	Signature, typed or printed name of registern	d agent and title if applicable. (I	NOTE Registered	Agent s	gnature require	ed when reinstating)	DATE			
NAME   MCCOY, LOUISE   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY-ST-ZI	12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12	
10755 SW 219 ST.	TITLE	ι	☐ DELETE	1.1 TITL	.E				Change	Addition	
DITUE   DS	NAME			1.2 NAM	ИE						
DELETE   DELETE   Change   Addition	STREET ADDRESS	4		1.3 STRE		DRESS					
NAME   BRUCE, WILLIE   22 NAME   518EET ADDRESS   12343 SW 264 TERR   23 STREET ADDRESS   618		<del> </del>	T DELETE			P			01	1 Addition	
STREET ADDRESS   12343 \$W 264 TERR		••	[ ] DELETE						Change	☐ Addition	
DELETE   D	\	,									
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NAME   STREET ADDRESS		1							Change	1 ddition	
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TITLE	1	1 '		1	1						
NAME		MIAMI FL	T DELETE			!P			Channe	Addition	
STREET ADDRESS   43 STREET ADDRESS   44 CITY-ST-ZIP	•								Ondrigo	L radillon	
CITY-SI-ZIP	1					NDCCC					
TITLE         DELETE         51 TITLE         20002059862         Addition           NAME         52 NAME         -01/16/9701015006         -01/16/9701015006         ***61.25           STREET ADDRESS         ****61.25         ****61.25         Change         Addition           NAME         DELETE         61 TITLE         Change         Addition		(									
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME	····								Change	Addition	
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME	!		hand completely				20000205	586	_		
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME						JAFOC	-01/16/97010	15006			
TITLE DELETE 61 TITLE Change Addition  NAME 62 NAME	1						***81.25				
NAME 62 NAME			DELETE			<u>"  </u>		П	Change	Addition	
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				A2 NAI	MF						

SIGNATURE:

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.