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NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NAGGG1

(U)

1. Corporation Name						CECRETARY OF STATE		
DELIVERANCE HOUSE OF PRAYERS, INC.						SECRETARY OF STATE TAILAHASSEE, FLORIDA		
			, , , , , , ,					
Principal Plac	ce of Busines	S	Mailing Address					
7150 WILEY R			7150 WILEY RD				3. Date incorporated or Qualified	
7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210			7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210				12/23/1991	
US	E FL 32210		US	1			4. FEI Number Applied For	
							59-3127361 Not Applicable	
2. Principal F	Place of Busin	ness	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
21			26				Fee Required	
Suite, Apt.	. #, etc.	~	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		<del>-</del>	27				Trust Fund Contribution Added to Fees	
City & Sta	te	•	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip		Country	Zip	C	Country		8. This corporation owes or has paid the current year Intangible	
24		25	29	30		_	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
		•			81	Name		
ROBINSON	v, dwight	DAVID			82	Street	Address (P.O. Box Number is Not Acceptable)	
	INE DRIVE							
JACKSON	VILLE FL 32	2210			83			
					84	City	85 Zip Code	
					ليل	==,	FL 65 25 5535	
office or re	ecistered age	nt, or both, in the State of	Florida, Such change was a	uthorize	ed by th	amed cor le comor	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar wit	h, and accept the obligatio	ons of, section 617.0503, Flo	rida Sta	atutes.	•	, , , , ,	
SIGNATURE	Signature, typed	Or printed name of registered agent a	and title if applicable. (N	OTE: Real	Istered Ad	ent slonatur	re required When reinstating) DATE	
12.		OFFICERS AND	<u>_</u>	1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1	1 TITLE		Change Addition	
NAME	ROBINSON	i, dwight david	<del></del> . ·	1.2	2 NAME		_ ~ _	
STREET ADDRESS	TADDRESS 7150 WILEY RD		1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSON\	/ILLE FL		1.4	4 CITY-ST	-ZIP		
TITLE	P		DELETE	2.1	1 TITLE	7	Carla Ihomas Dechange De Addition 4375 Confederatift. Rd Auton Sax 9-1 32210	
	WILLIAMS,			2.2	2 NAME	•	41275 Carladeratist Rd Autor	
STREET ADDRESS		·		2.3	3 STREET	ADDRESS	200 Al 30210	
0 T ( CT T)	しいしたらしかげ	NICCI		<b>I</b>				

5,1 TITLE DELETE Change Addition TITU BENTON, PAULA NAME 5.2 NAME 17150 Willey Road Gackbruille 9132210 284 CARRIGANN COVE TRAIL WEST STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

3.3 STREET ADDRESS

4,3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4 CITY-ST-7IP

4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

DELETE

DELETE

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

TITLE

NAME

TILE

NAME

JACKSONVILLE FL

ROBINSON, JACKIE

JACKSONVILLE FL

WILLIAMS, FATIMA

JACKSONVILLE FL

1021 INGLESIDE AVE.

7150 WILEY RD

Daytime Phone #

**400002681434--**-11/05/98--01083--004

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Change Addition