

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N50764

1. Entity Name
BIBLE TRUTH DELIVERANCE CHURCH, INC.



Principal Place of Business
**931 22ND AVE SO
ST. PETERSBURG, FL 33705 US**

Mailing Address
**931 22ND AVE. SOUTH
ST. PETERSBURG, FL 33705 US**



03242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3133547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARRETT, JESSE B., SR.
2155 15TH AVE SOUTH
SAINT PETERSBURG, FL 33712**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000871812
04/10/08-80011-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GARRETT, JESSE B., SR. 2155 15TH AVE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, JACOB, SR. 1016 19TH AVENUE SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, GAIL 1016 19TH AVE. SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEWIS, RHONDA 3900 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP GARRETT, CHERYL 2155 15TH AVE. S. SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda Lewis Rhonda Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08
Date

727-821-4337
Daytime Phone #