

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 8/9/99: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N50783

(2)

1. Corporation Name

CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCORPORATED

Principal Place of Business

Mailing Address

2611 9TH ST N
ST PETE FL 33712
US

2543 58TH TERRACE SOUTH STREET
ST PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3190177

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, WINSOME
2543 58TH TERRACE SOUTH
ST PETERSBURG FL 33712

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

Winsome E. Powell

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WEST, BEVERLY

STREET ADDRESS

5127 80TH WAY S

CITY - ST - ZIP

ST PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Director

Winsome E. Powell

2543 58th Terr. S.

St. Petersburg FL

☐ Change ☒ Addition

TITLE

D

NAME

SANSKA, LOUIS

STREET ADDRESS

5127 80TH WAY NORTH

CITY - ST - ZIP

ST PETERSBURG FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Director

KAREN S. POWELL

2529 Lynn Lake Cir. S

St. Petersburg FL

☐ Change ☒ Addition

TITLE

D

NAME

POWELL, ALECIA

STREET ADDRESS

2543 58TH TERR SOUTH

CITY - ST - ZIP

ST PETERSBURG FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Alecia E. Powell

ALECIA E. POWELL

7/11/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #