


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N50783</b> (2)			
1. Corporation Name <b>CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCORPORATED</b>			
Principal Place of Business <b>1801 14TH AVE S ST. PETERSBURG FL 33712 US</b>		Mailing Address <b>2543 58TH TERRACE SOUTH STREET ST PETERSBURG FL 33712</b>	
2. Principal Place of Business 21 <b>1801 14th Ave S.</b>		2a. Mailing Address 26 <b>2543 58th Terr. S</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>St Petersburg Fl.</b>		City & State 28 <b>St Petersburg Fl.</b>	
Zip 24 <b>33712</b>		Zip 29 <b>33712</b>	
Country 25 <b>Pinellas</b>		Country 30 <b>Pinellas</b>	
9. Name and Address of Current Registered Agent  <b>POWELL, WINSOME 2543 58TH TERRACE SOUTH ST PETERSBURG FL 33712</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE <b>POWELL, WINSOME E 2543 58TH TERRACE S ST PETE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE <b>POWELL, KAREN S 2520 LYNN LAKE CIRCLE S ST. PETE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE <b>POWELL, ALECIA 2543 58TH TERR SOUTH ST PETERSBURG FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)

*Signature* 3/19/97  
Date Daytime Phone # 0079262