FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

SIGNATURE:

Apr 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT** # N50783 CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCOR **PORATED** Principal Place of Business Mailing Address 1801 14TH AVE S 2543 58TH TERR SOUTH 3. Date Incorporated or Qualified ST. PETERSBURG FL 33712 ST PETERSBURG FL 33712 09/08/1992 FEI Number Applied For 59-3190177 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POWELL, WINSOME Street Address (P.O. Box Number is Not Acceptable) 2543 58TH TERRACE SOUTH 83 ST PETERSBURG FL 33712 City 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 Powell Signature, typed or printed name of regist ered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE ☐ Change ☐ Addition POWELL, WINSOME E NAME 12 NAME 2543 58TH TERRACE S STREET ADDRESS 1.3 STREET ADDRESS ST PETE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE POWELL, KAREN S 2.2 NAME MALE 2520 LYNN LAKE CIRCLE S STREET ADDRESS 2.3 STREET ADDRESS ST. PETE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition 31 TITLE **POWELL, ALECIA** NAME 3.2 NAME 2543 58TH TERR SOUTH STREET ADDRESS 3.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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.

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