FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50783

1. Corporation Name

CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCOR **PORATED**

Mailing Address

2543 58TH TERR SOUTH ST PETERSBURG FL 33712

US

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90131 025 ****70.00



2. Principal Place of Business		2a. Mailing Address			ŀ	3. Date Incorporated or Qualifed					
21		26				09/08/1992					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			i	4. FEI Number	,		_ 	lied For	
22		27				<u>59-3190177</u>				Applicable	
City & State	е	City & State				5. Certificate of St	atus Desired		\$8.75 Ac		
Zip	Country Zip 25 29 30			Country		6. Election Camp Trust Fund Co	-		\$5.00 N Added to		
(4)	1301	10. Name and Address of New Registered Agent									
	9. Name and Address of Current	registator rigaric	1	1 Nam				. X			
POWELL, WINSOME				82 Street Address (P.O. Box Number is Not Acceptable)							
2543 58TH TERRACE SOUTH				33					· <u> </u>		
ST PETERSBURG FL 33712							•				
			}	34 City				FL	85 Zip C		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the ab	ove-name	ed corpora	ation submits this s	atement for the	purpose of	changing its r	egistered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	autnonzea	by the col	rporation	s board of directors	. I nereby accep	it the appoil	milen as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered A	gent signatur	re required w			DATE			
12.	OFFICERS AND		13.			ADDITIONS/CH	ANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITL	E	V \	FICEN	alt.		Change	∠ Addition	
NAME	POWELL, WINSOME E		1.2 NAM	te	mi	, 0, 0 - 1,	2 / Tam		_		
STREET ADDRESS			1.3 STR	EET ADORES	ss ク3		ave.	- / /	227	, ,	
CITY-ST-ZIP	ST PETE FL		1.4 Cm	-ST-ZIP	151	reter	-5 bung	Y M	. 22/.	12	
TITLE	D	☐ DELETE	2.1 ∏∏	E	04.	ficen	^	/1	Change	Z Addition	
NAME	POWELL, KAREN S		2.2 NAM	Œ	Ro	im say	Unnel	7 <u>e</u>		İ	
STREET ADDRESS	2520 LYNN LAKE CIRCLE S		2.3 STR	EET ADDRES		3170	-ave	ر برک	,-		
CITY-ST-ZIP	ST. PETE FL		2.4 CIT	Y-ST-ZIP	151	Peter	Sbung	3 //·	<u> 55 /)</u>	2	
TITLE	D	☐ DELETÉ	3.1 TITL	£		·	0	,	Change	☐ Addition	
NAME	POWELL, ALECIA		3.2 NAA	Œ							
STREET ADDRESS	2543 58TH TERR SOUTH		3.3 STR	EET ADORES	ss						
CITY-ST-ZIP	ST PETERSBURG FI		3.4. CIT	Y-ST-ZIP							
TITLE	Dreiter 11 Al	Tamease	4,1 TITL	E					Change	☐ Addition	
NAME	Whitchell tt	70 Mease	4. 2 NA	νE							
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CITY-ST-ZIP				/-ST-ZIP							
TITLE	DIHER I	DELETE	5.1 TITL						Change	Addition \	
NAME	annette kamo		5.2 NAM								
STREET ADDRESS	2631 70 -Ch	ريد ب	5.3 STR	EET ADDRES	ss					ļ	
CITY-ST-ZIP	st Petensbun	91-1-1-55#		/-ST-ZIP							
TITLE		☐ DELETE	6.1 TITL	E					Change	☐ Addition	
NAME			6.2 NAM	4E						ĺ	
STREET ADDRESS			6.3 STR	EET ADDRES	ss					1	
CITY-ST-ZIP			6.4 CIT	/-ST-ZIP							
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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 cath; 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, with all other like empowered.