

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000003327 (4)**

1. Corporation Name

NATIONAL TRINITY FAITH DELIVERANCE CHURCH INC.



| | |
|---|--|
| Principal Place of Business 80 WEST 21 ST RIVIERA BEACH FL 33404 US | Mailing Address 1291 WEST 2ND STREET RIVIERA BEACH FL 33404-7205 |
|---|--|

| |
|--|
| 3. Date Incorporated or Qualified 07/23/1993 |
| 4. FEI Number NOT APPLICABLE |
| Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21 80 West 21 St. | 2a. Mailing Address 26 1291 W 2nd St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State 22 Riviera Beach FLA | City & State 27 Riviera Beach FLA |
| Zip 24 33404 | Country 25 Palm Beach |
| Country 29 33404 | Country 30 Palm Beach |

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|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent RANSOM, MOROLINE 1291 WEST 2ND STREET RIVIERA BEACH FL 33404 | |
|--|--|

| | |
|---|--------------------------------|
| 10. Name and Address of Registered Agent 81 Pastor Moroline Ransom | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1291 W 2nd St | |
| 83 City Riviera Beach FLA | |
| 84 City | 85 Zip Code FL 33404 |

Same Person just adding Pastor

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | 0 RANSOM, JAMES |
| STREET ADDRESS | 1291 2ND ST. WEST |
| CITY-ST-ZIP | RIVIERA BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | 6 GARNETTE, KAREN L |
| STREET ADDRESS | 1805 WEST BLUE |
| CITY-ST-ZIP | RIVIERA BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | 0 RICH, PHYLLIS A |
| STREET ADDRESS | 1805 WEST BLUE |
| CITY-ST-ZIP | RIVIERA BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | 0 RANSOM, LATOYA |
| STREET ADDRESS | 1291 WEST 2ND ST. |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Pastor Moroline Ransom |
| 1.3 STREET ADDRESS | 1291 W 2nd St |
| 1.4 CITY-ST-ZIP | Riviera Beach FLA 33404 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 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)(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: *Moroline Ransom* *Moroline Ransom*

CP2E037 (10/97)