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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N94000000558*

1. Corporation Name

NEW LIFE TABERNACLE OF PRAISE  
AND DELIVERANCE MINISTRIES INC.

Principal Place of Business

Mailing Address

4203 COUNTRY CLUB DRIVE  
ORLANDO, FL 32808

3. Date Incorporated or Qualified

FEBRUARY 4, 1994

4. FEI Number

59-3227762

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4203 COUNTRY CLUB DR

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FL

28 City & State

Zip

Country

Zip

Country

24 32808

25 U.S.A.

29 32808

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAISY FISHER

6114 JENNING RD.

ORLANDO, FL 32808

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PASTOR~~ *Trustee* ☐ DELETE  
NAME DAISY M. FISHER  
STREET ADDRESS  
CITY-ST-ZIP 6114 JENNINGS ORL, FL 32808

TITLE ~~TRUSTEE~~ ☐ DELETE  
NAME USHER AND TRUSTEE  
STREET ADDRESS MINNIE DOZIER  
CITY-ST-ZIP 5481 EUGENIA CT ORL, FL 32811

TITLE ~~SECRETARY~~ ☐ DELETE  
NAME CARLOTTA M. LAMB *519 John St.*  
STREET ADDRESS  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ~~ASST. PASTOR~~ *Trustee* ☐ DELETE  
NAME MICHEAL WILSON  
STREET ADDRESS *4203 Country Club Dr.*  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ~~DEACON~~ *Trustee* ☐ DELETE  
NAME CARLOS DOZIER  
STREET ADDRESS  
CITY-ST-ZIP 5481 EUGENIA ORL, FL 32811

TITLE ~~CHURCH MOTHER~~ *Trustee* ☐ DELETE  
NAME MINNIE L. PETERSON  
STREET ADDRESS  
CITY-ST-ZIP 1354 AVALON RD WINTER GARDEN, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME TRUSTEE  
1.3 STREET ADDRESS ALMA WILLIAMS  
1.4 CITY-ST-ZIP 6114 JENNINGS RD ORL, FL 32808

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME MISSIONARY  
2.3 STREET ADDRESS ~~EARNESTINE RUSHER ORL, FL~~

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME ~~TREASURE~~ *Treasure*  
3.3 STREET ADDRESS WILMA FISHER  
3.4 CITY-ST-ZIP 5005 CUTLER ST ORL, FL 32811

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME preacher  
4.3 STREET ADDRESS WILLIAMS-BPPS  
4.4 CITY-ST-ZIP ORL, FL 32811

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 500002482935-5  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP -04/08/98 --01085--015

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME \*\*\*\*\*70.00 \*\*\*\*\*70.00  
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.

SIGNATURE:

*Daisy M. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-98 407-2952117

CR2E037 (10/97)