

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000773 (1)

1. Corporation Name

NEW BETHEL TEMPLE OF DELIVERANCE APOSTOLIC CHURCH
H, INCORPORATED



Principal Place of Business

Mailing Address

1019 DAVIS DRIVE
TAMPA FL 33619

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TAMPA FL 33619

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3231078

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTE', LOUISA
1019 DAVIS DRIVE
TAMPA FL 33619

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS FORTE', LOUISA
CITY - ST - ZIP 1019 DAVIS DRIVE
TAMPA FL 33619

11 TITLE ☐ Change ☒ Addition
12 NAME D James Jefferson
13 STREET ADDRESS 2412 Wishingwell circle
14 CITY - ST - ZIP Tampa, FL 33619

TITLE ☐ DELETE
NAME D
STREET ADDRESS BALDWIN, VIRGINIA
CITY - ST - ZIP 3509 12TH ST.
TAMPA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS ELLIS, ELEASE
CITY - ST - ZIP 741 58TH ST.
TAMPA FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D FRANCENIA
STREET ADDRESS BOYD, FRANCENIA
CITY - ST - ZIP 4803 REGNAS AVE.
TAMPA FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS 800001848698
44 CITY - ST - ZIP -06/03/96--01074--011
***75.00

TITLE ☐ DELETE
NAME D
STREET ADDRESS HILL, VALERIE
CITY - ST - ZIP 1019 DAVIS DR.
TAMPA FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS JOHNSON, JOHN L.
CITY - ST - ZIP 8512 RIDEIN RD
TAMPA FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Pastor Louisa Forte'*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (813) 620-3742
Date
CS 5/1/96

CR2E037 (12/95)