FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

8512 RIDEIN RD

TAMPA FL

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

N94000000773 (1)

NEW BETHEL TEMPLE OF DELIVERANCE APOSTOLIC CHURC H. INCORPORATED

Principal Place of Business Mailing Address 1019 DAVIS DRIVE 1019 DAVIS DRIVE TAMPA FL 33619-3725 TAMPA FL 33619 3. Date Incorporated or Qualified 02/10/1994 3a. Date of Last Report 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3231078 26 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be И 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FORTE', LOUISA 82 Street Address (P.O. Box Number is Not Acceptable) 1019 DAVIS DRIVE 83 **TAMPA FL 33619** City 65 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. SIGNATUR en reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change DELETE TITLE 1.1 TITLE JEFFERSON, JAMES NAME 1.2 NAME 2412 WISHINGWELL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE D 2.1 TITLE BALDWIN, VIRGINIA NAME 2.2 NAME 3509 12TH ST. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE ☐ Change Addition 3.1 TITLE n TITLE ELLIS, ELEASE NAME 3.2 NAME 741 58TH ST. 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. City-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE **BOYD, FRANCENIA** 4. 2 NAME NAME 4803 REGNAS AVE. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ___ Addition D 5.1 TITLE TITLE HILL. VALERIË 5.2 NAME NAME 1019 DAVIS DR. 5.3 STREET ADDRESS STREET ADDRESS TAMPA FL 5.4 CITY - ST - ZIP CHY-ST-ZIP Change DELETE ☐ Addition 6.1 TITLE TITLE JOHNSON, JOHN L. 6.2 NAME NAME

14. I do 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

96/6)

FILED

May 13 1997 8:00am

Secretary of State