

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 # N94000003315 (8)

1. Corporation Name

DELIVERANCE OUTREACH CENTER, INC.



Principal Place of Business

2115 LEMON ST
HAINE CITY FL 33844

Mailing Address

2115 LEMON ST
HAINE CITY FL 33844

DELIVERANCE OUTREACH CENTER, INC.

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1001 INGRAHAM AVE.

2a. Mailing Address

26 2206 9th ST. N.E.

4. FEI Number

59-3309838

Applied For

Not Applicable

Suite, Apt. #, etc.

22 HAINE CITY, FL

Suite, Apt. #, etc.

27 WINTER HAVEN, FL

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

City & State

23 33845

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 25 POLK

Zip

29 33881

Country

30 POLK

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTS, MARILYN J
2115 LEMON ST
HAINE CITY FL 33844

81 Name

PITTS, MARILYN J

82 Street Address (P.O. Box Number is Not Acceptable)

15162 W. Colonial Dr. Apt. 201

83

WINTER GARDEN

84 City

FL

85 Zip Code

34787

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS PITTS, MARILYN J
CITY-ST-ZIP 2115 LEMON ST
HAINE CITY FL 33844

TITLE ☒ DELETE

NAME D
STREET ADDRESS HARRIS, BARBARA
CITY-ST-ZIP 412 N. 2ND ST.
HAINE CITY FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SMITH, KETURAH X
CITY-ST-ZIP 2206 9TH ST NE
WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS MARILYN J. PITTS
1.4 CITY-ST-ZIP 15162 W. Colonial Dr. Apt. 201
WINTER GARDEN, FL 34787

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS CARLA BAKER
2.4 CITY-ST-ZIP 412 N. 2ND ST.
HAINE CITY, FL 33845

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE:

Keturah X. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (94) 294-8211
Date Daytime Phone #

CR2E037 (12/95)