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Mar 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1001 INGRAHAM AVE
HAINES CITY FL 33845
US

2206 9TH ST. N.E.
WINTER HAVEN FL 33881-1713
US

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number
59-3309838

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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
15162 W. COLONIAL DR. APT. 201
WINTER GARDEN FL 34787

81 Name WYATT, MARILYN J.
82 Street Address (P.O. Box Number is Not Acceptable)
15162 W. COLONIAL DR. APT. 201
83
84 City WINTER GARDEN 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 *Marilyn J. Pitts*

3/18/97

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 D ☐ DELETE
NAME PITTS, MARILYN J
STREET ADDRESS 15162 W. COLONIAL DR. APT. 201
CITY-ST-ZIP WINTER GARDEN FL

1.1 TITLE BOARD OF DIRECTOR ☒ Change ☐ Addition
1.2 NAME WYATT, MARILYN J.
1.3 STREET ADDRESS 15162 W. COLONIAL DR. APT. 201
1.4 CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D ☐ DELETE
NAME BAKER, CARLA
STREET ADDRESS 412 N. 2ND ST.
CITY-ST-ZIP HAINES CITY FL

2.1 TITLE BOARD OF DIRECTOR ☒ Change ☐ Addition
2.2 NAME MAYFIELD, CARLA
2.3 STREET ADDRESS 412 N. 2ND ST.
2.4 CITY-ST-ZIP HAINES CITY, FL

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE BOARD OF DIRECTOR ☐ Change ☒ Addition
4.2 NAME HARRIS, BARBARA
4.3 STREET ADDRESS 412 N. 2ND ST.
4.4 CITY-ST-ZIP HAINES CITY, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

CR2E037 (9/96)