

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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
US**

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

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1994

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Wyatt, Marilyn J.**
82 Street Address (P.O. Box Number is Not Acceptable)
7213 OAK MEADOWS CIRCLE
83
84 City **ORLANDO** FL 85 Zip Code **32835**

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 | D | <input type="checkbox"/> DELETE |
| NAME | WYATT, MARILYN J | |
| STREET ADDRESS | 15162 W. COLONIAL DR., APT 201 | |
| CITY-ST-ZIP | WINTER GARDEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAYFIELD, CARLA | |
| STREET ADDRESS | 412 N. 2ND ST | |
| CITY-ST-ZIP | HAINES CITY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, KETURAH X | |
| STREET ADDRESS | 2206 9TH ST NE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HARRIS, BARBARA | |
| STREET ADDRESS | 412 N. 2ND ST | |
| CITY-ST-ZIP | HAINES CITY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WYATT, MARILYN J | |
| 1.3 STREET ADDRESS | 7213 OAK MEADOW CIRCLE | |
| 1.4 CITY-ST-ZIP | Orlando, FL 32835 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MAYFIELD, CARLA | |
| 2.3 STREET ADDRESS | 420 W. BAY ST. | |
| 2.4 CITY-ST-ZIP | WINTER GARDEN, FL 34787 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 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: **Keturah X. Smith - KETURAH X. SMITH** 4/19/98 (94) 294-8211

CR2E037 (10/97)