

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90007 041 \*\*\*\*70.00

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**DOCUMENT # N94000003315**

1. Corporation Name

**DELIVERANCE OUTREACH CENTER, INC.**

Principal Place of Business

1001 INGRAHAM AVE  
HAINES CITY FL 33845  
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

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

9. Name and Address of Current Registered Agent

WYATT, MARILYN J  
7213 OAK MEADOWS CIR  
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name **WYATT, MARILYN J.**

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

**371 ALSTON DR.**

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, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WYATT, MARILYN J**  
STREET ADDRESS **7213 OAK MEADOW CIR**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ DELETE  
NAME **MAYFIELD, CARLA**  
STREET ADDRESS **420 W BAY ST**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ DELETE  
NAME **SMITH, KETURAH X**  
STREET ADDRESS **2206 9TH ST NE**  
CITY-ST-ZIP **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 **D** ☒ Change ☐ Addition  
1.2 NAME **WYATT, MARILYN J.**  
1.3 STREET ADDRESS **371 ALSTON DR.**  
1.4 CITY-ST-ZIP **Orlando, FL 32835**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**Keturah X. Smith** **3/13/99 (941) 294-8211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)