FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N950000

FILED
Apr 28 1998 8:00am
Secretary of State

1. Corporation Name							
WORD	OF DELIVERANCE, INC.						
					10 111 28 44 10 14 01 14 1		
Principal Plac	e of Business	Mailing Address			Fo nd Co nh Coala Coala (
1 '		_					
8110 N 17TH STREET TAMPA FL 33604		B110 N 17TH STREET TAMPA FL 33604		3. Date Incorporated or Qualified			
	•			04/11/1995		· / / / / / / / / / / / / / / / / / / /	
				4. FEI Number			oplied For
2. Principal F	lace of Business	2a. Malling Address		59-3320462			ot Applicable
21		26		5. Certificate of Status De	esired 🔲	30.73 / Fee Re	Additional squired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Fir	ancing	\$5.00	
22		27		Trust Fund Contributio	n 🔲	Added to	
City & State		City & State		7. Is this nonprofit corpor			n?
23	T Country	26	T Country			No No	
Zip 24	Country	Zip	Country	This corporation owes Personal Property Tax	•		tapgible No
241	25] 9. Name and Address of Curren		130	10. Name and Address of			3 NO
			81 Name				
BROWN	. ELAX			IELEN BROWN ress (P.O. Box Number is Not	Associable		
8110 N 17TH STREET				8110 N 17TH 9			
	FL 33604		83	/	- 		
			84 City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
			' 1	PAMPA	FL	- 336	604
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 617.1508, Florida State of Florida, Such change was	utes, the above-named corpora	poration submits this statement tion's board of directors. I her	it for the purpose o	of changing it	s registered
agent. I s	m familiar with, and accept the obligi	ations of Section 617.0503,	Florida Statutes.	tions board of directors. The	accept the ap	2/3 /	(Ca)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI	4			april	1.4519	148
12.	Signature, typed or printed name of regretered age OFFICERS ANI	INI and title if applicable (NO	OTE: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS, OTTATOLO	TO OTT TO ETTO ATT	☐ Change	☐ Addition
NAME	BROWN, HELEN		1.2 NAME				
STREET ADDRESS	8110 N 17TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE		•	Change	Addition
NAME	BROWN, ELAX		2.2 NAME				
STREET ADDRESS	8110 N 17TH STREET		2.3 STREET ADDRESS				
CFTY-ST-ZIP	TAMPA FL 33604		2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	BROWN, KENNETH L		3.2 NAME				
STREET ADDRESS	28 N. UNIVERSITY PLACE #5		3.3 STREET ADDRESS				
CITY-ST-ZIP	I STRIWATED NK 7407D		3.4. CITY - ST - ZIP				
TITLE	STILLWATER OK 74078	- Driese			 	T 0	
ALABAR	ORESTATER OR 74070	DELETE	4.1 TOTLE		 	☐ Change	Addition
NAME	OTILEWALER ON 14070	DELETE	4.1 TITLE 4. 2 NAME		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
STREET ADDRESS	OTELVATED ON 74070	DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	OTELWATER ON 74070		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE	OTELWATER ON 74070	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	OTELWATER ON 74070		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OTELWATER ON 74070		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	OTELWATER ON 74070		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME				

14. Thereby 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 chapted, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: Delin Blown (D) APRIL 10 1908 (8/3) 931-403

3R2E037 (10/97