FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N95000002561 (7)

TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, I NC.

Principal Place of Business

Mailing Address

3788 SOUTH WEST 40TH STREET

3788 SOUTH WEST 40TH STREET



HOLLYWOOD	FL 33023	HOLLYWOOD FL 33023	SINCE			
					3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address	: 1	<i>c</i> 3 <i>l</i>	FEI Number	Applied For
21 3788	S.W. Hoth St	26 3788 S.W.	HOTH	St	11-2053556	Not Applicable
Suite, Apt.	wood!	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 7/A 33023			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zp 0 24 33	Country	Zip 30	Country	,	This corporation has liability for in Florida Statutes	itangible tax under s. 199.032,] Yes □ No
<u>ب ري</u>	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Re	
			81	Name		
50114						
	R, PAUL M		82	Stree	Address (P.O. Box Number is Not Acceptable	a)
DOLNIER & ASSOCIATES			83			
	RTH EAST 123RD STREET			l		
NORIH	MIAMI FL 33161		84	City		FL 85 Zip Code
1). 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 register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	irida. Such change was authorized b ction 617.0503, Florida Statutes.	y the con	oration's	s board of directors. Thereby accept the appo	ntment as registered agent. I am
GNATURE DR (LLC2) Montact (D) Signature, typed or printed name of registered agent and title if experience (INOTE: Registered Agent signature required when re-instating) DATE 5/3/9/6						
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	DERS AND DIRECTORS IN 12
TITLÉ	D	DELETE	1.1 THILE		\Box	🔁 Change 🔲 Addition
NAME .	COBB, COLLENE		12 NAME		LO 11 Pullene 1211	Thres There
STREET ADDRESS	720 NORTH EAST 178TH TO	RAIL	1.3 STREE	ADDRESS	COOP COLLEGE [N/	() · ()
CITY - ST - ZIP	MIAMI BEACH FL 33162		1.4 CITY -	51 - ZIP	COBB COLLENE (N/F PB. BOX 640853 mi	ani 1/33/64
TITLE	D	DELETE	2 1 TITLE			Change Addition
NAME	NEWLAND, RUPERT		22 NAME			
STREET ADDRESS	3788 SOUTH WEST 40TH S	STREET	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		2 4 CITY -	SI - ZIP	<u> </u>	
TITLE	D	DELETE	3 1 TITLE			Change Addition
NAME	MONROE, ALICE		3.2 NAME			
STREET ADDRESS	3788 SOUTH WEST 40TH S	STREET	3 3 STREE	i address		
CITY-ST-ZIP	HOLLYWOOD FL 33023	- 4	3.4 CITY-	ST-ZIP		
TITLE	D	DEFELE	4.1 TITLE		D WALLACE JANIETH 3789 B. W. 40th St	Change Addition
NAME	WALLACE, JANICTH		4. 2 NAME		2709 R. W. Hoth St	
STREET ADDRESS	3768 SOUTH WEST 40TH S	STREET	4.3 STREE	T ADDRESS	3/8/ 5. 6 //	△ ▲
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY -	ST-ZIP	HOLLYWOOD fla 330;	23
TITLE	D	DELETE	5 1 TITLE		D . La 1 Dahl 10	Change Addition
NAME	WATSON, DAPHNE		5 2 NAME		Dwatson Daphine	
Street Address	213 SOUTH WEST 14TH ST	REET		T ADDRESS	1 27/00 07:3:11:21	
CITY-ST-ZIP	DANIA FL 33004	Modern	5.4 CITY -	ST-ZIP	770 000 00	23 Debase Dadition
TITLE		DELETE	6.1 TITLE			
NAME			6.2 NAME		-06/19/96010	30 044 4/
STREET ADDRESS				t address -	***61.25	(18',
CITY-ST-ZIP	v certify that the information supplier	d with this filing is voluntarily furnished	6.4 CITY -		lalify for the exemption stated in Section 119.0	7/(3)/k) Florida Statutes I further
	ry commy man morning manon supplied	a true tino ming to voluntarily fulfillship	~ a ic uot	~ nor y	emi, ior tilo okomption atatou ili biottoli) i 15.t	mojny, monda diatotes, muither

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALIVE WINNER

D. alhie Monnoe 5/3/96