7-3-97 B- 7932 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT ' CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE .

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N96000000680 (6)

DAYTONA DELIVERANCE CHURCH OF GOD INC.

FILED Jul 03 1997 8:00am₁-Secretary of State



Principal Place of Business Mailing Address					F JURANQI DIG IDING BEN	ti aniit naili naili dalit	WEATH WALLS BEIMT	IGIAL BEIL IBBI	
1100 SCOTT AVE- SANDFORD FL 02771		1100 SCOTT AVE SANDFORD FL 32771-2252							
!					3. Date Incorporated or 02/05/1996	Qualified 3a.	Date of Last R	iepori	
	Place of Business Agetin Luther King Blud	2a. Mailing Address 26			4. FEI Number 59-34	42389	<u> </u>	oplied For of Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	_	\$8.75 / Fee Re		
City & State	na Bezch FL	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 32114	Country Zip C			Unitry 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☐ Yes ☒ No			. 199.032,		
	9. Name and Address of Current I	Registered Agent			10. Name and Address	of New Registere	d Agent		
*			8	Name	Wallace, Qu	المراجعة	Τ,		
WALLACE, QUENTIN T			8:	2 Street	Address (P.O. Box Number is No	t Acceptable)	1.		
	COTT_AVE			1					
SANDFO	ORD FL 32771		8:	3					
			8	City	· · · · · · · · · · · · · · · · · · ·	FI	L 85 Zip 0	Code	
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	<u> </u>								
40	Signature, typed or printed name of registered agent a	e required when reinstating)	DATE	ND DIDECTOR	1C 161 + 0				
12. TITLE	OFFICERS AND I	DELETE	13.		ADDITIONS/CHANGES	S TO OF FICERS AI	Change	Addition	
NAME			1.2 NAME		Quintin To Mi	allace	onange	(23),00,	
STREET ADDRESS				T ADDRESS	1100 Scott Ave				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		2771			
TITLE		DELEYE	2.1 TITLE		Tr		Change	Addition	
NAME			2.2 NAME		Lorenzo Brow	n.			
STREET ADDRESS		•	2.3 STREI	1 ADDRESS	1100 Scott AVE				
CITY-ST-ZIP		T DOLLTE	2. 4 City		Sanford, FL 32	771		1 4 4 100 - 1	
TITLE		☐ DELETE	3.1 TITLE		Tr		Change	Addition 🔀	
name Street address			3.2 NAME	T ADDRESS	Bennett Davi	5			
CITY-ST-ZIP			3.4. CITY		1100 Scott AVE Sanford, FL 3	2771		ļ	
TITLE		DELETE	4 1 TITLE	31-211	1	4 (11	Change	Addition	
NAME .	• .		4. 2 NAM	E	Tr	c			
STREET ADDRESS			4.3 STREE	T ADDRESS	Itenry Burson, 1000 Scott Ave Sanford, FL	377			
CITY-ST-ZIP			4.4 CITY	ST-ZIP	Sanford, FL.	5277/			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME					ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP		There ex	5.4 CITY-				0	4400-	
TITLE		☐ DELETE	61 TITLE				Change	Addition	
NAME OTDEET ADDRESS			6.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY ST ZIP			6.4 CITY-	SI-ZIP	<u> </u>				

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 131 changed, or one an attachment with an address.