FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

Principal Place of Business

384 MARTIN LUTHER KING BLVD

N96000000680 (6)

Mailing Address

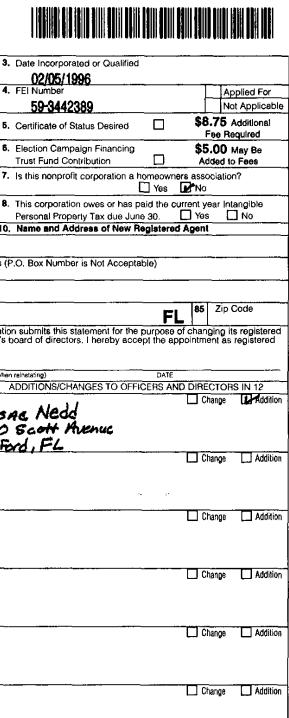
1100 SCOTT AVE

DAYTONA DELIVERANCE CHURCH OF GOD INC.

Block 12 or Block 13 if changed, or on an attackment with an address.

DAYTONA BCH FL 32114 SANDFORD FL 32771 02/05/1996 4. FEI Number Applied For 59-3442389 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Added to Fees Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes III No Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALLACE, QUINTIN T Street Address (P.O. Box Number is Not Acceptable) 1100 SCOTT AVE 83 **SANDFORD FL 32771** Zip Code 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition Issae Nedd WALLACE, QUINTIN T NAME 1.2 NAME 1100 Scott Avenue 1100 SCOTT AVE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL Sanford, FL CITY-ST-ZIP 1.4 CITY - ST - 7/P TITLE ☐ DELETE 2.1 TITLE Change ___ Addition NAME **BROWN, LORENZO** 2.2 NAME 1100 SCOTT AVE STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE ☐ Change Addition TITLE 3.1 TITLE DAVIS, BENNETT 3.2 NAME STREET ADDRESS 1100 SCOTT AVE 3.3 STREET ADDRESS SANFORD FL 3.4. CITY - ST - ZIP CITY-\$7-ZIP DELETE Addition TITLE 4.1 TITLE NAME **BURSON SR, HENRY** 4. 2 NAME 1100 SCOTT AVE STREET ADDRESS 4.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 try sled empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attackment with an address.

FILED May 12 1998 8:00am Secretary of State



301199