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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 29 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N96000000748 (1)

1. Corporation Name

JOY OF DELIVERANCE FAITH TEMPLE INTERNATIONAL, I  
NC.

Principal Place of Business

Mailing Address

1647 N. MARION STREET  
LAKE CITY FL 32055

1647 N. MARION STREET  
LAKE CITY FL 32055-1533

3. Date Incorporated or Qualified  
02/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1330 N Marion St.

26 1330 N Marion St.

4. FEI Number

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of Registered Agent

HOOKE, VINCENT BISHOP  
2020 E. MADISON STREET  
LAKE CITY FL 32055

81 Name

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

83

84 City

FL

85 Zip 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HOOKER, VINCENT A BISHOP D  
STREET ADDRESS 2020 E. MADISON STREET  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE P ☐ DELETE

NAME HOOKER, HENRIETTA J D  
STREET ADDRESS 2020 E. MADISON STREET  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE VP ☐ DELETE

NAME JEFFERSON, SYLVIA PASTOR D  
STREET ADDRESS 1647 N. MARION STREET  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE S ☐ DELETE

NAME JACKSON, PAMELA  
STREET ADDRESS 1647 N. MARION STREET  
CITY-ST-ZIP LAKE CITY FL 32055

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 P ☒ Change ☐ Addition

1.2 NAME HOOKER, Vincent A Bishop  
1.3 STREET ADDRESS 1015 LAKE DRIVE  
1.4 CITY-ST-ZIP LAKE CITY FL 32055

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME HOOKER, Henrietta J.  
2.3 STREET ADDRESS 1015 LAKE DRIVE  
2.4 CITY-ST-ZIP LAKE CITY FL 32055

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1330 N Marion St  
3.4 CITY-ST-ZIP LAKE CITY FL 32055

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1330 N Marion St  
4.4 CITY-ST-ZIP LAKE CITY FL 32055

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: Henrietta J. Hooker 4/29/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000616

CR2E037 (9/96)