

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 28 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000748 (1)

1. Corporation Name

JOY OF DELIVERANCE FAITH TEMPLE INTERNATIONAL, I
NC.



Principal Place of Business

1330 N MARION STREET
LAKE CITY FL 32055

Mailing Address

1330 N MARION STREET
LAKE CITY FL 32055

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

59-3374634

Applied For

Not Applicable

2. Principal Place of Business

21 1734 Danese St

Suite, Apt. #, etc.

City & State

23 Jacksonville RI

24 32206

Country

2a. Mailing Address

26 1734 Danese St

Suite, Apt. #, etc.

City & State

28 Jacksonville FL

29 32206

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

1734 DANESE ST.

84 City

Jacksonville

FL

85 Zip Code

32206

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 PD ☐ DELETE

NAME HOOKER, VINCENT A BISHOP
STREET ADDRESS 1015 LAKE DRIVE
CITY-ST-ZIP LAKE CITY FL 32055

TITLE PD ☐ DELETE

NAME HOOKER, HENRIETTA J
STREET ADDRESS 1015 LAKE DRIVE
CITY-ST-ZIP LAKE CITY FL 32055

TITLE VPD ☐ DELETE

NAME JEFFERSON, SYLVIA PASTOR
STREET ADDRESS 1330 N MARION STREET
CITY-ST-ZIP LAKE CITY FL 32055

TITLE S ☐ DELETE

NAME JACKSON, PAMELA
STREET ADDRESS 1330 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1734 Danese St.
Jacksonville FL 32206

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1734 Danese St.
Jacksonville FL 32206

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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*****70.00 *****70.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 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 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

Vincent Bishop

4/28/98 (709) 632-2314

CFR2037 (10/97)