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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003337 (0)**

1. Corporation Name

UNITED FAITH DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**236-238 NORTH WESTMORELAND DR
ORLANDO FL 32805**

**236-238 NORTH WESTMORELAND DR
ORLANDO FL 32805**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

59-3379192

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**

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

10. Name and Address of New Registered Agent

**SMITH, EDYTHE A
3718 WELLS ST
ORLANDO FL 32805**

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

Edythe A. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/98

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, EDYTHE A**
STREET ADDRESS **3718 WELLS STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VD** ☒ DELETE

NAME **ROBINSON, BOANERGES**
STREET ADDRESS **3718 WELLS ST**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **TD** ☒ DELETE

NAME **BELL, KATHY**
STREET ADDRESS **550 MAGRUDER AVE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **S** ☐ DELETE

NAME **YOUNG, CHANDRA M**
STREET ADDRESS **236-238 NORTH WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO FL 32805**

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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

VD ☒ Change ☐ Addition

**Derrick K. Workman
3718 Wells Street
Orlando, Fla. 32805**

TD ☒ Change ☐ Addition

**Barbara Mills
1651 Messina Ave.
Orlando, Fla. 32811**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Edythe A. Smith

3/11/98 407-299-4734

CR2E037 (10/97)