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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005262 (8)

1. Corporation Name

LIFE TEMPLE OF DELIVERANCE, INC.



Principal Place of Business

Mailing Address

1022 WEST 5TH STREET
JACKSONVILLE FL 32206

P.O. BOX 3112
JACKSONVILLE FL 32206-0112

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3400898

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

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, WILLIE F
7374 HABBERSHAM DRIVE
ORLANDO FL 32818

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 Willie F. Williams

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

Willie F. Williams, Pastor 5-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WILLIAMS, WILLIE F
STREET ADDRESS % 1022 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ED ☐ DELETE

NAME WILLIAMS, GWENDOLYN D
STREET ADDRESS % 1022 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE CD ☒ DELETE

NAME DASSIE, JOHNNY
STREET ADDRESS % 1022 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE

NAME DASSIE, ALFREDA
STREET ADDRESS % 1022 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME WILLIAMS, ELIZABETH
STREET ADDRESS % 1022 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Financial Secretary
Shelia E. Williams
1130 Commache Strret #101
Jacksonville, FL 32205
Asst. Pastor
Ernest F. Ross
2713 Castle Oak Ave
Orlando, FL 32808

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5/20/97

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.

CR2E037 (9/96)