

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 23 1998 8:00am  
Secretary of State

DOCUMENT # N97000000217 (6)

1. Corporation Name

DELIVERANCE CENTER FOR ALL PEOPLE, INC.



Principal Place of Business

Mailing Address

1416 WEST 16TH STREET  
JACKSONVILLE FL 32209

3530 ARDISIA ROAD  
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3400462

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

CURRY, EARLINE  
3530 ARDISIA ROAD  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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 D  
NAME CURRY, EARLINE  
STREET ADDRESS 3530 ARDISIA ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DS  
NAME BENNETT, LINDA  
STREET ADDRESS 61 W. 42ND STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME CURRY, CHARLES  
STREET ADDRESS 8749 LONDONBRIDGE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME BLACKSHEAR, BARBARA  
STREET ADDRESS 232 W. 12TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME ROBERTS, LILLIE  
STREET ADDRESS 230 E. 1ST STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME ROBERTS, ERNEST  
STREET ADDRESS 7227 FERNANDINA AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)