SECONU 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

## DOCUMENT # N9700000217 (6)

## DELIVERANCE CENTER FOR ALL PEOPLE, INC.

Principal Place of Business Mailing Address

1416 WEST 16TH \$TREET 3530 ARDISIA ROAD
JACKSONVILLE FL \$2209 JACKSONVILLE FL \$2209

FILED
Jul 23 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

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 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 apagent. 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)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	## Solution   Fee Required   ## Solution   #
2a. Mailing Address  2b. SAME  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  39, Name and Address of Current Registered Agent  CURRY, EARLINE  3530 ARDISIA ROAD  JACKSONVILLE FL 32209  11. Pursuent to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 spagent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE  Signafure, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees where association? Is X No e current year Intangible Yes X No ered Agent    State   State   State
SAME Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc.  City & State City & State  Zip Country Zip Country Zip Country  3, Name and Address of Current Registered Agent  CURRY, EARLINE 3530 ARDISIA ROAD JACKSONVILLE FL 32209  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the apagent. 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 Apont eignature required when reinstalling)  DA  ADDITIONS/CHANGES TO OFFICER  13. ADDITIONS/CHANGES TO OFFICER	Fee Required \$5.00 May Be Added to Fees where association? IS No e current year Intangible Yes No ered Agent  FL 85 Zip Code of changing its registered spointment as registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Trust Fund Contribution	\$5.00 May Be Added to Fees where association? Is No e current year Intangible Yes No ered Agent    State   Code
Trust Fund Contribution  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  30  9. Name and Address of Current Registered Agent  CURRY, EARLINE  3530 ARDISIA ROAD  JACKSONVILLE FL 32209  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 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 apagent, 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  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	Added to Fees where association? Is No e current year Intangible Yes No ered Agent  FL 85 Zip Code of changing its registered opointment as registered
City & State  28  29  29  30  Country  40  25  29  30  Country  50  Country  60  81  82  Country  82  83  CURRY, EARLINE  3530 ARDISIA ROAD  JACKSONVILLE FL 32209  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of 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 apagent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes  Signature. Typed or printed name of registered agent and title if applicable.  Note: Registered Agent aignature required when reinstating)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	where association? IS No  e current year Intangible  Yes No  ered Agent    State   Code
Zip Country Zip Country 8. This corporation owes or has paid the Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent 10. Name and Address of New Register Street Address (P.O. Box Number is Not Acceptable)  3530 ARDISIA ROAD  JACKSONVILLE FL 32209  81  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 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 apagent, 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 K applicable (NOTE: Registered Agent signature required when reinstating)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	e current year Intangible Yes No ered Agent  FL 85 Zip Code of changing its registered spointment as registered
25 29 30 Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  10. Name and Address of New Register  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  3530 ARDISIA ROAD  JACKSONVILLE FL 32209  83  84 City  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of 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 apparent, 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)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	PL 85 Zip Code f changing its registered pointment as registered
9. Name and Address of Current Registered Agent  CURRY, EARLINE 3530 ARDISIA ROAD JACKSONVILLE FL 32209  82 Street Address (P.O. Box Number Is Not Acceptable)  83 City  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 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 apagent, I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE  Signafure, typed or printed name of registered agent and title Kapplicable (NOTE: Registered Agent signature required when reinstating)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	FL 85 Zip Code f changing its registered pointment as registered
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Signafure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	
	S AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE	Change Addition
NAME CURRY, EARLINE 1.2 NAME	
STREET ADDRESS 3530 ARDISIA ROAD 1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209 1.4 CITY-ST-ZIP	
TITLE DS DELETE 2.1 TITLE	Change Addition
NAME BENNETT, LINDA 2.2 NAME	
STREET ADDRESS 61 W. 42ND STREET 23 STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208 24 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME CURRY, CHARLES  3.2 NAME	
STREET ADDRESS 6749 LONDONBRIDGE LANE  3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32206 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE  NUME BLACKSHEAR, BARBARA 4.2 NAME	Change Addition
ON BY ANTH OTHER	
ALCOMONIUS E EL CARGO	
TITLE U DELETE 6.1 TITLE  NAME ROBERTS, LILLIE 6.2 NAME	Change Addition
STREET ADDRESS 230 E. 1ST STREET	
CITY-ST-ZIP  JACKSONVILLE FL 32206  5.4 CITY-ST-ZIP	
TOTAL BALLOTTE	□ Charac □ 12/201
DOCUME CONFOR	Change Addition
7997 EDNIANDINA AVENILE	
4652 DUNNIBROUK AVEN	UE
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 1990/33(i). Further Statistics 1 further Section 1990/33(ii). Further Statistics 1 further Section 1990/33(ii).	ortify that the information
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 confidence 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.	under oath; that I am that my name appears

OFFICER OR DIRECTOR