

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90078 016 ****70.00

DOCUMENT # N97000000217

1. Corporation Name

DELIVERANCE CENTER FOR ALL PEOPLE, INC.

Principal Place of Business

1416 WEST 16TH STREET
JACKSONVILLE FL 32209

Mailing Address

3530 ARDISIA ROAD
JACKSONVILLE FL 32209



2. Principal Place of Business

21 **REMAIN THE SAME**

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26 **1060 Lobster Lane**

Suite, Apt. #, etc.

City & State

28 **JACKSONVILLE FL.**

Zip

Country

29 **32218**

30 **DUVAL**

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3400462

☒ 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

9. Name and Address of Current Registered Agent

CURRY, EARLINE
3530 ARDISIA ROAD
JACKSONVILLE FL 32209

81 Name

CARLTON T. CURRY

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

1060 LOBSTER LANE

83

JACKSONVILLE FL.

84 City

FL

85 Zip Code
32218

10. Name and Address of New Registered Agent

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 *Carlton T. Curry*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE ☒

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

TITLE **DS** ☐ DELETE ☐

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

TITLE **D** ☐ DELETE ☐

NAME **CURRY, CHARLES**
STREET ADDRESS **6749 LONDONBRIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ DELETE ☐

NAME **BLACKSHEAR, BARBARA**
STREET ADDRESS **232 W. 12TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ DELETE ☐

NAME **ROBERTS, LILLIE**
STREET ADDRESS **230 E. 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ DELETE ☐

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 **CARLTON T. CURRY (D)** ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS **1060 Lobster Lane**
1.4 CITY-ST-ZIP **Jacksonville, Fl. 32218**

2.1 TITLE **DS** ☒ Change ☐ Addition

2.2 NAME **LINDA BENNETT**
2.3 STREET ADDRESS **P.O. BOX 66173**
2.4 CITY-ST-ZIP **Jacksonville, Fl 32208-6173**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **ERNEST ROBERTS**
6.4 CITY-ST-ZIP **4852 Donnybrook AVE. Jacksonville, Fl 32208**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)