


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000623 (5)**

1. Corporation Name

JESUS CHRIST PRAYER BAND CHURCH OF DELIVERANCE AND SALVATION INC.



Principal Place of Business

Mailing Address

**2725 NORTH OSPREY AVENUE
SARASOTA FL 34234**

**POST OFFICE BOX 3752
SARASOTA FL 34230**

3. Date Incorporated or Qualified

01/31/1997

FEI Number

265-0853176

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2725 North Osprey Ave

26 P.O. Box 3752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Zip

24 34234

29 34230

Country

Country

25 SARASOTA

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNIPES, MILDRED PASTOR
2014 EDGEWATER DRIVE
SARASOTA FL 34234**

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

Mildred Snipes

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SNIPES, MILDRED PASTOR**
STREET ADDRESS **2014 EDGEWATER DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VD** ☐ DELETE
NAME **SNIPES, LEE**
STREET ADDRESS **2014 EDGEWATER DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **SD** ☐ DELETE
NAME **MCKNIGHT, LEOLA**
STREET ADDRESS **2700 PALMADELLA AVENUE #6**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **TD** ☐ DELETE
NAME **SNIPES, CHANTELL**
STREET ADDRESS **2014 EDGEWATER DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **MD** ☐ DELETE
NAME **GRIMES, LILLIE M**
STREET ADDRESS **2241 COCOANUT AVENUE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **RSD** ☐ DELETE
NAME **GRANT, FRANCINE**
STREET ADDRESS **2421 22ND STREET**
CITY-ST-ZIP **SARASOTA FL 34234**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
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)(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:

Mildred Snipes 7/30/98 (941) 953-2417

CR2E037 (10/97)