

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90135 026 \*\*\*\*70.00

DOCUMENT # **N97000000623**

1. Corporation Name

**JESUS CHRIST PRAYER BAND CHURCH OF DELIVERANCE AND SALVATION INC.**

Principal Place of Business

2725 N. OSPREY AVE  
SARASOTA FL 34234  
US

Mailing Address

POST OFFICE BOX 3752  
SARASOTA FL 34230



2. Principal Place of Business

21 **Same**  
Suite, Apt. #, etc.

22 **Same**  
City & State

23 **Same**  
Zip

24 **Same**  
Country

2a. Mailing Address

26 **Same**  
Suite, Apt. #, etc.

27 **Same**  
City & State

28 **Same**  
Zip

29 **Same**  
Country

3. Date Incorporated or Qualified

**01/31/1997**

4. FEI Number

**65-0853176**

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

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

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 617.0603, Florida Statutes.

SIGNATURE

**Pastor Mildred Snipes**

**5/13/99**

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 **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 PALMADELIA 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**

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **Pastor Mildred Snipes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/99 (941) 903-2412**

Date

Daytime Phone #

CR2E037 (1/98)

0067310