

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

DOCUMENT # N97000000634 (2)

1. Corporation Name

THESSALONIANS DELIVERANCE HOUSE OF PRAYER, INC.



Principal Place of Business

Mailing Address

1724 NORTH MAIN STREET
JACKSONVILLE FL 32206

1724 NORTH MAIN STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

59-3363867

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5039 Broadway Ave

26 5039 Broadway Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

Zip

Country

Zip

Country

24 32254

25 Duval

29 32254

30 Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

10. Name and Address of New Registered Agent

LAVANT, SERENA
7734 CALVIN STREET
JACKSONVILLE FL 32208

81 Name

Serena R. LaVarit

82

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

9115 Jackson Ave.

83

84

City Jacksonville

FL

85

Zip Code 32208

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LAVANT, MICHAEL D
STREET ADDRESS 7737 CALVIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Lavant, Michael D.
1.3 STREET ADDRESS 9115 Jackson Ave
1.4 CITY-ST-ZIP Jacksonville, FL 32208

TITLE SD ☐ DELETE

NAME LAVANT, SERENA
STREET ADDRESS 7737 CALVIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME Lavant, Serena R.
2.3 STREET ADDRESS 9115 Jackson Ave
2.4 CITY-ST-ZIP Jacksonville, FL 32208

TITLE TD ☐ DELETE

NAME BROWN, ROBERT
STREET ADDRESS 8803 RESTLAWN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME Brown, Robert A.
3.3 STREET ADDRESS 1121 Harts Rd Apt 114
3.4 CITY-ST-ZIP Jacksonville, FL 32218

TITLE VD ☒ DELETE

NAME GRAHAM, REGINALD
STREET ADDRESS 7619 JEREMY DAVID LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME WILSON, VANESSA
STREET ADDRESS 1706 ART MUSEUM DR, APT J-4
CITY-ST-ZIP JACKSONVILLE FL 32207

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

Serena R. LaVarit

5/15/98 (904) 764-6123

CR2E037 (1097)