

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 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90102 024 \*\*\*\*70.00

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**DOCUMENT # N97000000634**

1. Corporation Name

**THESSALONIANS DELIVERANCE HOUSE OF PRAYER, INC.**

Principal Place of Business

5039 BROADWAY AVE  
JACKSONVILLE FL 32254  
US

Mailing Address

5039 BROADWAY AVE  
JACKSONVILLE FL 32254  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

59-3363867

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

LAVANT, SERENA  
9115 JACKSON AVE  
JACKSONVILLE FL 32208

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 617.0503, 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

TITLE PD ☐ DELETE

NAME LAVANT, MICHAEL D  
STREET ADDRESS 9115 JACKSON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ DELETE

NAME LAVANT, SERENA  
STREET ADDRESS 9115 JACKSON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD ☐ DELETE

NAME BROWN, ROBERT  
STREET ADDRESS 1121 HARTS RD APT 114  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE AS ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 V.P. Robert Brown  
3.3 STREET ADDRESS 5032 Broadway Ave  
3.4 CITY-ST-ZIP Jacksonville, FL. 32254

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME AS Vanessa Collins  
4.3 STREET ADDRESS 2025 East Prospect St.  
4.4 CITY-ST-ZIP Jacksonville, FL. 32254

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, with all other like empowered.

SIGNATURE: *Serena Lavant* **SIGNATURE REQUIRED** *Serena Lavant* 3-7-99 (904) 764-6123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)