## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

**FILED** 

Mar 23 1998 8:00am

Secretary of State

10 Jan 98 (352) 473-0854

DIVISION OF CORPORATIONS

1998

Principal Place of Business

N97000001027 (8)

Mailing Address

DOCUMENT # FAITH DELIVERANCE AND MIRACLE CENTER, INCORPORAT

			ĀĒ				
8090 SR 100 KEYSTONE HER	3HTS FL 32656	PO BOX 99 PUTNAM HALL FL 32185		3. Date Incorporated or Qualified			
					02/24/1997		
					4. FEI Number	Applied For	
					59-3411961_	Not Applicab	
2. Principal Place of Business 2a. Malling Address					5. Certificate of Status Desired	\$8.75 Additional	
21 26					5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	4 4	
22 27		<del></del>	<del></del>		Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State			<del></del>		
		<b>⊢</b> ′		7. Is this nonprofit corporation a homeowners association?			
23		28			<del></del>		
Zip	Country	Zip	Country		B. This corporation owes or has paid the		
24	25		30		Personal Property Tax due June 30.	Yes 🔀 No	
	P. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
IEMMING	C CTEDUAN EDWADD		-				
JENNINGS, STEPHAN EDWARD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
282 PUTNAM LOOP RD			83				
PUTNAM	HALL FL 32185		[83]				
			84	City		85 Zip Code	
			اسا	City		FL   S   Z   COO	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508. Florida Statute	s. the above-r	named co	poration submits this statement for the purpo	se of changing its registere	
office or re	gistered agent, or both, in the State	of Florida. Such change was au	uthorized by the	he corpore	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as registered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 617.0503, Flor	rida Statutes.				
SIGNATURE _							
<del></del>	Signature, typed or printed name of registered agen			signature requ	uired when reinstating) DA		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE	IР	/ <b>D</b>	X Change Addition	
NAME	JENNINGS, STEPHAN E		1.2 NAME		-		
STREET ADDRESS	PO BOX 99 N/A		1.3 STREET AL	DDRESS JU	ennings, Stephan E		
1	PUTNAM HALL FL 32185			2	82 Putnam Loop Rd. utnam Hall, Fl 32185		
CITY-ST-ZIP	PUTTAMI FIALL PL 32103	DELETE	1.4 CITY-ST-	ZIP   P	urnam Hall, FL 32185	FE OLIVE	
TITLE	V	L_3 DECENE	2.1 TITLE		<b>/T</b>	Change Addition	
NAME	JENNINGS, TERESA A		2.2 NAME		ennings, Teresa A		
STREET ADDRESS	PO BOX 99 N/A		2.3 STREET AL	DORESS 2	82 Putnam Loop Rd		
CITY-ST-ZIP	PUTNAM HALL FL 32185		. 2.4 CITY-ST-	.7IP P	82 Putnam Loop Rd utnam Hall, Fl 32185		
TITLE	S	DELETE	3.1 TITLE		/т	X Change	
1	MCCASKILL, TRENESA L		3.2 NAME	_	cCaskill, Trenesa L		
NAME					82 Putnam Loop Rd		
STREET ADDRESS	PO BOX 99 N/A		3.3 STREET AC				
CITY-ST-ZIP	PUTNAM HALL FL 32185		3.4. CITY - ST -	ZIP P	utnam Hall, Fl 32185		
TITLE		DELETE	4.1 TITLE	$ \mathbf{T} $		Change X Addition	
NAME			4. 2 NAME	J€	enkins, Pamela R		
STREET ADDRESS			4.3 STREET AL	DORESS 17:	26 NE 218th St		
1			4.4 C/TY-ST-		awtey, F1 32058		
CITY-ST-ZIP		☐ DELETE		40 140		Change Addition	
TITLE		☐ DELETE	5.1 TITLE	- 1		C CHANGE C ADDING	
NAME			5.2 NAME	- {			
STREET ADDRESS			5.3 STREET AD	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP [			
TITLE		DELETE	6.1 TITLE			Change Addition	
			6.2 NAME	\			
NAME							
STREET ADDRESS			6.3 STREET AL	odress			
CITY-ST-ZIP			6.4 CITY-ST-				
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exemption	on stated in	n Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the Information	
indicated of	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 eath; 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.							
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