## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharif

Secretary of State DIVISION OF CORPORATIONS

## 1998 N97000001462 (7)

WORD	OF GOD MINISTRIES OF T	ampa, incorporated	) 		
REV. BETTY J. DORSEY REV. BETTI		Mailing Address		1 184(16)n ast rant 1884 Bolts dein allet Batt Bâlat Hills 1884 Bills 1885	
REV. BETTY J. DORSEY         REV. BETTY J. DORSEY           8608 N. 23RD STREET         6808 N. 23RD STREET           TAMPA FL 33610         TAMPA FL 33610				3. Date Incorporated or Qualified  03/17/1997  4. FEI Number  59 - 34 33382  Not Applied For	
2. Principal P	ace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
City & State	3	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country		
24	25	29	90	Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
DORSEY, BETTY J 82 Street Add			ddress (P.O. Box Number is Not Acceptable)		
6606 N. 23RD STREET TAMPA FL 33610  84 City					
TAMPA F	FL 33610		83		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statioffice or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 617.0503, F. SIGNATURE    Signature, typed or printed name of registered agent and title if applicable (NC 12.)			64 City	85 Zip Code	
44 5	la the annial continue 617 0500	and CAT 1500 Florida Challete			
office or re	REY BETTY J DORSEY 200 H 1290 STREET 1AMPA FL 3300   REY BETTY J DORSEY 200 H 1290 STREET 1AMPA FL 3300   REY BETTY J DORSEY 200 H 1290 STREET 1AMPA FL 3300   REY BETTY J DORSEY 200 H 1290 STREET 1AMPA FL 3300   REY BETTY J DORSEY 200 H 1290 STREET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNATURE	Stonature, typed or printed name of registered ager	it and title if applicable (NOTE:	Registered Agent signature re	politred when reinstating) DATE	
12.					
TITLE	S	DELETE	1.1 TITLE		
NAME	WATLEY, CAPRI F		1.2 NAME 1	LIATURY PAPELF.	
STREET ADDRESS			1.3 STREET ADDRESS	LLOSN, 28rd Street	
CITY-ST-ZIF	TAMPA FL 33610				
TMLE	T	<b>!</b> ☐ DELETE	2.1 TITLE	Treasure $r/D$ Li Change Addition	
NAME				ANDRILLON, SANDLA F.	
STREET ADDRESS					
CITY-ST-ZIP	<del></del>	Decet	E. 40/11 C. C.		
TITLE				OSTOT/	
NAME OTROTT LOOK OO	LINGS AL ABON STORE	Τ	3.2 NAME	DORSEY, DETTY U.	
STREET ADDRESS		•	3.3 STREET ADDRESS	Tampa, FL 38410	
CITY-ST-ZIP TITLE	TAMIA FE SOUL	DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP			B 1	·	
TITLE		☐ DELETE		☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 suppliemental 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.

March 8, 1998 (813) 228-2057

**FILED** 

Apr 28 1998 8:00am

Secretary of State