

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
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90014 044 ****70.00

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1. Corporation Name

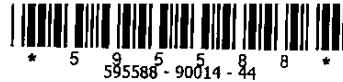
NEW LIFE DELIVERANCE BIBLE CHURCH, INC.

Principal Place of Business

2713 E. 18TH AVENUE
TAMPA FL 33605

Mailing Address

P.O. BOX 75431
TAMPA FL 33675



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3441812

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

GALLON, TRACEY V
3805 EAST HANNA
TAMPA FL 33610

Deleted

10. Name and Address of New Registered Agent

81 Name

Lynwood Williams

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

3106 28th Ave

83

84 City

Tampa

FL

85 Zip Code

33605

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 Lynwood Williams

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 GALLON, ALFONSO
STREET ADDRESS 3805 EAST HANNA AVENUE
CITY-ST-ZIP TAMPA FL 33610

TITLE VPD ☒ DELETE

NAME GALLON, TRACY
STREET ADDRESS 3805 EAST HANNA AVENUE
CITY-ST-ZIP TAMPA FL 33610

TITLE S ☒ DELETE

NAME MCFALL, TONYA V
STREET ADDRESS 1819 WIND TERRACE APT. 103
CITY-ST-ZIP TAMPA FL 33613

TITLE T ☒ DELETE

NAME MYERS, ANNETTE
STREET ADDRESS 11726 N. 58TH STREET, APT. 12
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☒ DELETE

NAME GALLON, LEONA
STREET ADDRESS 1205 EAST RIVERCOVE
CITY-ST-ZIP TAMPA FL 33604

TITLE M ☒ DELETE

NAME NEWMAN, EARLINE
STREET ADDRESS 7905 HOLLYLEA COURT APT. C
CITY-ST-ZIP TAMPA FL 33617

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 19.07(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: X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

813 248-213

Daytime Phone

0051847

CRZE037 (11/98)