

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
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90004 079 *****8.75
05-14-1999 90004 080 *****61.25

DOCUMENT # N97000003140

1. Corporation Name

**PROPHETIC DELIVERANCE REVIVAL OUTREACH AND REVEL
ATION MINISTRIES, INC.**

Principal Place of Business

1731 MARTIN LUTHER KING WAY
SARASOTA FL 33581

Mailing Address

P O BOX 207
TALLAVAST FL 34270
US



2. Principal Place of Business

21 **624 9th AVE W**

Suite, Apt. #, etc.

22 City & State

23 **BRADENTON**

Zip

24 **34205**

Country

25 **MAAAHEE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

65-0437477

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

WEEKS, BETTY
2063 FRUITVILLE RD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

WEEKS, BETTY

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

1112 SANTA ANITA DR

83

City

ORLANDO

FL

85 Zip Code

32808

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 ☐ DELETE

NAME **D WEEKS, JIMMIE**
STREET ADDRESS **2063 FRUITVILLE RD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ DELETE

NAME **D WEEKS, BETTY**
STREET ADDRESS **2063 FRUITVILLE RD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ DELETE

NAME **D BUTLER, ANGELA**
STREET ADDRESS **1558 25TH ST**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ DELETE

NAME **D COLLINS, VORONDO**
STREET ADDRESS **1507 25TH ST**
CITY-ST-ZIP **SARASOTA FL 34234**

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 **WEEKS, JIMMIE**
1.3 STREET ADDRESS **1112 SANTA ANITA DR**
1.4 CITY-ST-ZIP **ORLANDO, FL 32808**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **WEEKS, BETTY**
2.3 STREET ADDRESS **1112 SANTA ANITA DR**
2.4 CITY-ST-ZIP **ORLANDO, FL 32808**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **BUTLER, ANGELA**
3.3 STREET ADDRESS **4913 OLD BRADENTON RD APT 207**
3.4 CITY-ST-ZIP **SARASOTA, FL 34234**

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 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: **BETH WEEKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (407) 298-5034
Date Daytime Phone #

CR2E037 (11/98)