

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003764 (4)

1. Corporation Name

GOD'S HOUSE OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

P O BOX 634  
COLEMAN FL 33521

P O BOX 634  
COLEMAN FL 33521



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3503599

☒ 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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, JULIAN E  
138 BUSHNELL PLAZA, SUITE 301  
BUSHNELL FL 33513

81 Name

Joseph Indelicato, Esq.

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

324 Shopping Center Drive

83

84 City

Wildwood

FL

85 Zip Code  
32785

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.

Joseph Indelicato

(NOTE: Registered Agent signature required when reinstating)

4-28-98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Bertha Williams
STREET ADDRESS	268 C.R. 552
CITY-ST-ZIP	Bushnell, Florida 33513
TITLE	<input type="checkbox"/> DELETE
NAME	Mattie Young
STREET ADDRESS	306 Oak St.
CITY-ST-ZIP	Bushnell Fla. 33513
TITLE	<input type="checkbox"/> DELETE
NAME	Gloria Adkins
STREET ADDRESS	3910 Orange Ave
CITY-ST-ZIP	Coleman, Fla. 33521
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Alice Clark
1.4 CITY-ST-ZIP	200 Jumper Drive, Apt. E 1 Bushnell, FL 33513
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice-President
2.3 STREET ADDRESS	Clifford Young
2.4 CITY-ST-ZIP	306 Oak St. Bushnell, FL 33513
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Betty Jean Davis
3.4 CITY-ST-ZIP	2829 Perkins Ave. Coleman, FL 33521
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Cynthia Martin
4.4 CITY-ST-ZIP	3910 Orange Avenue Coleman, FL 33521
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Gloria Adkins
5.4 CITY-ST-ZIP	3910 Orange Ave Coleman, FL 33521
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Gloria Adkins Gloria Adkins 3-31-98 (352) 748-0349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047657

CR2E037 (10/97)