


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 016 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004418

1. Corporation Name  
 DELIVERANCE TABERNACLE FAMILY WORSHIP CENTER MINISTRIES, INC.

Principal Place of Business: P O BOX 1004 CHIEFLND FL 32644  
 Mailing Address: P O BOX 1004 CHIEFLND FL 32644



21	285 S-W MAIN ST	2a	P.O. Box 1063	3.	08/01/1997
22		26		4.	NOT APPLICABLE
23	NEWBERRY FL	27		5.	\$8.75 Additional Fee Required
24	32669 ALACHUA USA	28	NEWBERRY FL	6.	\$5.00 May Be Added to Fees
25		29	32669 ALACHUA USA		
30					

9.	JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT FL 34711	10.	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
		85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WALKER, LIONEL	1.1 TITLE	
NAME	P O BOX 1004 N/A	1.2 NAME	
STREET ADDRESS	CHIEFLND FL 32644	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WALKER, SHARON	2.1 TITLE	
NAME	P O BOX 1004 N/A	2.2 NAME	
STREET ADDRESS	CHIEFLND FL 32644	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JACKSON, JAMES	3.1 TITLE	
NAME	P O BOX 1004 N/A	3.2 NAME	
STREET ADDRESS	CHIEFLND FL 32644	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D TAMMY WARREN - BRYSON
NAME		4.2 NAME	2917 N.E. 11th TERR
STREET ADDRESS		4.3 STREET ADDRESS	GAINESVILLE FL 32609
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 7/5/99 350 463-3503  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012853  
 CR2E037 (5/99)