NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90015 040 ****61.25

1999

DOCUMENT #	N97000006	223
1 Corporation Name		
		ALLIOTI

JESUS CHRIST WORD OF DELIVERANCE MINISTRY, INC.

Principal Place of Business

Mailing Address

4721 SAN JUA JACKSONVILLE			i juan ave. Iville fl 32210						
MAI	LING ADDRESS	-Chi	med			, , ,			
2. Principal Pl	ace of Business 2 RIALINITUGBI	2a. Mailin	g Address	Ance		3. Date Incorporated or Qualifed 11/03/1997			
Suite, Apt.	#. etc.		Apt. #, etc.			4. FEI Number		X Apr	olied For
22		27				59-3487578		Not	Applicable
City & State	fornile Florida	City 8	k State			5. Certifcate of Status Desired		\$8.75 A Fee Rec	
Zip 24 322	Country 25	Zip	3	Country		Election Campaign Financing Trust Fund Contribution		\$5.00 (Added to	• 1
	9. Name and Address of Currer	t Registered	Agent			10. Name and Address of New I	Registered	Agent	
				81	Name				[
HENRY, G	REGORY	i. Ion		82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	JUAN AVE.	. مدستوني .		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·	
JACKSON	VILLE FL 32210	•		63					
	•			84	City		FL	85 Zip C	ode
11 Dureuant	to the provisions of Sections 617 050	2 and 617.150	8. Florida Statutes	/the above	e-named corp	oration submits his statement for the			registered
office or re	egistered agent, or both, in the State	of Florida. Suc	th change was aut	orized by	the corporation	oration submits his statement for the on's board of directors. I hereby accept	ot the appo	intment as reg	jistered
	- / - '0 6 / 15 / 14 1	illens of, Section	1 617,0303, Florid		n BRV	//lew/	4-	11-17	7
SIGNATURE	Signature, typed or printed name of legistered age	nt and title if applicat	ole. (NOTE: Ri	egistered Ager	nt signature require	when reightating)	TATE	1 1 1	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	
TITLE	D	_	DELETE	1.1 TITLE		/		Change	☐ Addition
NAME	MACKEY, CHAVIN			1.2 NAME		<u></u>			[
STREET ADDRESS	6133 IRISH COURT			1.3 STREE	TADORESS	-			
CITY-ST-ZIP	JACKSONVILLE FL 32205			1.4 CITY-S	T-ZIP			C 05	Addition
TITLE	T		☐ DELETE	2.1 TITLE	İ			Change	Addition
NAME	Greene, Alethia			2.2 NAME	Ì				Ì
STREET ADDRESS	1646 W 45TH ST, APT 149	•		2.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32208			2.4 CITY-5	ST-ZIP				
TITLE	D.		☐ DELETE	3.1 TITLE	- 1	• •		☐ Change	☐ Addition
NAME	WASHINGTON, ALLEN			3.2 NAME		•			
STREET ADDRESS	1591 LAKE AVE S #149			3.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32210			3.4. CITY-5	ST-ZIP			<u></u>	
TITLE		•	□ DELETE	4.1 TITLE				Change	☐ Addition
NAME	•			4.2 NAME				•	
STREET ADDRESS					TADDRESS	•			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				Addition
TITLE			□ DELETE	5.1 TITLE				Change	Addition \
NAME				5.2 NAME					Ì
STREET ADDRESS	-	1.0	·	•	TADORESS				İ
CITY-ST-ZIP		<u> </u>		5.4 GR 1 - S	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME		* ***		6.2 NAMÉ					ļ
STREET ADDRESS					TADORESS				ł
COV CT 70D	· ·		•	6.4 CITY-S	T-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 the empowered.

SIGNATURE:

SIND NOTED IN THE SEQUENCE OF SIGNING OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR

Daytime Prione #

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