

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006417

1. Corporation Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.

Principal Place of Business	Mailing Address
5123 N. PEARL STREET JACKSONVILLE FL 32208	5123 N. PEARL STREET JACKSONVILLE FL 32208

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/12/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3496939
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIVENS, ALLEN G JR. 955 MELSON AVENUE JACKSONVILLE FL 32205	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
	FL 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 Pastor Allen G. Givens Jr DATE 8/18/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, JENNIFER N.	1.2 NAME	
STREET ADDRESS	955 MELSON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, ALLEN G. JR.	2.2 NAME	
STREET ADDRESS	955 MELSON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, SOLOMON	3.2 NAME	Y Theas L Givens
STREET ADDRESS	5958 JFK DRIVE	3.3 STREET ADDRESS	955 melson ave
CITY-ST-ZIP	JACKSONVILLE FL 32219	3.4 CITY-ST-ZIP	Jax FLA 32254
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Arthea Harris
STREET ADDRESS		4.3 STREET ADDRESS	1913 ART MUSEUM DR. #35
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Arthea Harris DATE 8/18/99 DAYTIME PHONE 9043888116

(NOTE: Registered Agent signature required when reinstating)

CR2E037 (5/99)