

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 050 ****61.25

DOCUMENT # N97000006417

1. Entity Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.



Principal Place of Business

3109 W BEAVER STREET
JACKSONVILLE FL 32254
US

Mailing Address

P O BOX 2327
JACKSONVILLE FL 32203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3496939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIVENS, ALLEN G JR.
955 MELSON AVENUE
JACKSONVILLE FL 32205

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bishop Allen G. Givens Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	☒ Delete
NAME	BUTLER, CARLOS	
STREET ADDRESS	3514 MCLENDON	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	PCD	☐ Delete
NAME	GIVENS, ALLEN G. JR.	
STREET ADDRESS	955 MELSON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VT	☐ Delete
NAME	GIVENS, THEREAS	
STREET ADDRESS	955 MELSON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	T	☐ Delete
NAME	SEABROOK WILLIAMS, PAULA	
STREET ADDRESS	7955 CHERRY BOSSOM DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen G. Givens Jr. Bishop Allen G. Givens Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904348977