

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90248 005 ****61.25

0010321

DOCUMENT # N98000000936

1. Corporation Name

YES LORD DELIVERANCE CHURCH OF GOD IN CHRIST, IN
C.

Principal Place of Business

102 LARAMIE CIRCLE
PANAMA CITY FL

Mailing Address

P.O. BOX 196
CHIPLEY FL 32428



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

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

9. Name and Address of Current Registered Agent

WOODS, DAVID JR
102 LARAMIE CIRCLE
PANAMA CITY FL

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WOODS, DAVID JR
102 LARAMIE CIRCLE
PANAMA CITY FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ANDREWS, TRACEY
P.O. BOX 921
CHIPLEY FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

RHYNES, VANESSA
P.O. BOX 52
CHIPLEY FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

BULLOCK, AARON
714 PECAN STREET
CHIPLEY FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

PATRICK, VERNITA
5027 E 13TH CT
PANAMA CITY FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

CREWS, WILLIE A
627 BENNETT DR
CHIPLEY FL

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE: *Macey Andrews* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

(850) 638-8810 OR

Date

Daytime Phone #

CR2E037 (11/98)