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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90200 047 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001990**

1. Corporation Name  
**FREEWILL DELIVERANCE, PRAISE OUTREACH MINISTRIES, INC.**

\* 4 3 3 9 6 6 6  
 433966 - 90200 - 47 \*

Principal Place of Business <del>4000 4TH ST SOUTH</del> <del>ST PETERSBURG FL 33705</del>	Mailing Address <del>4000 4TH ST SOUTH</del> <del>ST PETERSBURG FL 33705</del>
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2. Principal Place of Business 21 <b>817 North Pine Hill Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8601 SW 174th St</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>04/03/1998</b>		
22	27	4. FEI Number <b>59-3510124</b> Applied For No: Applicable		
23 <b>Orlando Florida</b> City & State Zip <b>32801</b> Country	28 <b>Miami Florida</b> City & State Zip <b>33157</b> Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>CASH, BETTY L</b> <del>4000 4TH ST SOUTH</del> <del>ST PETERSBURG FL 33705</del>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>8601 SW 174th St</b> <b>Miami Florida 33157</b>			

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 Betty L. Cash DATE 3/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NO) E: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASH, J L SR</b>	<i>Address Change</i>	1.2 NAME <b>Cash, J. L. Sr.</b>	
STREET ADDRESS <del>4000 4TH ST SOUTH</del>		1.3 STREET ADDRESS <b>8601 SW 174th Street</b>	
CITY-ST-ZIP <del>ST PETERSBURG FL 33705</del>		1.4 CITY-ST-ZIP <b>Miami Florida 33157</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STUBBS, CAL H</b>		2.2 NAME	
STREET ADDRESS <b>817 N PINEHILL RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STUBBS, SHANTAE L</b>		3.2 NAME	
STREET ADDRESS <b>817 N PINEHILL RD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASH, BETTY L</b>	<i>Address Change</i>	4.2 NAME <b>Cash, Betty L</b>	
STREET ADDRESS <del>4000 4TH ST SO.</del>		4.3 STREET ADDRESS <b>8601 SW 174th Street</b>	
CITY-ST-ZIP <del>ST PETERSBURG FL 33705</del>		4.4 CITY-ST-ZIP <b>Miami Florida 33157</b>	
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: Betty L. Cash DATE 3/29/99 3015) 969 6510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0052659 CR2E037 (1/98)