

FILE NOW: FILING FEE IS \$61.75

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

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 4000 4TH ST SOUTH ST PETERSBURG FL 33705	Mailing Address 4000 4TH ST SOUTH ST PETERSBURG FL 33705
--	--



2. Principal Place of Business 21 817 North Pine Hill Rd Suite, Apt. #, etc.	2a. Mailing Address 26 8601 SW 174th St Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/03/1998
22	27	4. FEI Number 59-3510124
23 Orlando Florida City & State Zip 32801 Country	28 Miami Florida City & State Zip 33157 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
24 32801	25	29 33157 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CASH, BETTY L
~~4000 4TH ST SOUTH~~
~~ST PETERSBURG FL 33705~~

8601 SW 174th St
Miami Florida 33157

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 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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASH, J L SR	<i>Address Change</i>	1.2 NAME Cash, J. L. Sr.	
STREET ADDRESS 4000 4TH ST SOUTH		1.3 STREET ADDRESS 8601 SW 174th Street	
CITY-ST-ZIP ST PETERSBURG FL 33705		1.4 CITY-ST-ZIP Miami Florida 33157	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUBBS, CAL H		2.2 NAME	
STREET ADDRESS 817 N PINEHILL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUBBS, SHANTAE L		3.2 NAME	
STREET ADDRESS 817 N PINEHILL RD		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASH, BETTY L	<i>Address Change</i>	4.2 NAME Cash, Betty L	
STREET ADDRESS 4000 4TH ST SO.		4.3 STREET ADDRESS 8601 SW 174th Street	
CITY-ST-ZIP ST PETERSBURG FL 33705		4.4 CITY-ST-ZIP Miami Florida 33157	
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: 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)