05211999-90006-043-$61.25-$61.25

FILED
May 21, 1999 8:00 am
Secretary of State
05-21-1999 90006 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000003536 ✓

1. Corporation Name
DIVINE HOPE DELIVERANCE TABERNANCLE INC.

605321 - 90005 - 18

Principal Place of Business
~~2408 SR LAKE CUT OFF RD~~
LAKE WALES FL 33853-3385
221 Market St

Mailing Address
P.O. BOX 3385
LAKE WALES FL 33859-3385 Correct
Please send all mail

2. Principal Place of Business
21 221 Market St
Suite, Apt. #, etc. 22
City & State
23 Lakelables Fla
Zip 24 33859 3385 Country 25 USA

2a. Mailing Address
26 Same as Above
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/15/1998

4. FEI Number ~~[redacted]~~ Applied For a. 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

8. Name and Address of Current Registered Agent
HOLLIMAN, LINDA
~~3408 SR LAKE CUT OFF RD~~
~~LAKE WALES FL 33853-3385~~
4854 Cynthia St
Bartow, Fla 33830

10. Name and Address of New Registered Agent
81 Name Holliman Linda
82 Street Address (P.O. Box Number is Not Acceptable) 4854 Cynthia St #C
83
84 City Bartow FL 85 Zip Code 33830

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 Linda Holliman DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS

TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Elder Holliman Diane Holliman P.O. Box 3385 Lakelables Fla 33859	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Shelly Sheffield 146 Lake Cacoosa Frostproof 33843	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon David Sheffield 146 Lake Cacoosa Frostproof 33843	☐ DELETE
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Missionary Carolyn Sheffield P.O. Box 1163 Lake Wales, 33853	☐ DELETE
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Deacon Nathaniel Sweet 4854 Cynthia St Bartow Fla 33830	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Missionary Dorita Sweet 4854 Cynthia St Bartow Fla	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Missionary Jennie Albritton P.O. Box 3385 Lakelables Fla 33859	☐ Change ☐ Addition
2.1 TITLE V 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Divine Hope Deliverance Tabernacle 221 Market St Lake Wales, Fla 33859-3385	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Pastor Linda Holliman P.O. Box 3385 Lakelables Fla 33859-3385	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Pastor Linda Holliman REQUIRED 941-292-0466
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Pastor Linda Holliman