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AND
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95 MAY -1 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707058 (4)

1. Corporation Name
DELIVERANCE MIRACLE REVIVAL CENTER INC

Principal Place of Business 8401 NE 77TH LANE P.O. BOX 268 GAINESVILLE FL 32602	Mailing Address 8401 NE 77TH LANE P.O. BOX 268 GAINESVILLE FL 32602
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1964	3a. Date of Last Report 06/15/1994
4. FEI Number 59-1269231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**LAKE, CURTIS JR.
8401 N.E. 77TH LANE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAKE, CURTIS JR.
STREET ADDRESS	8401 N.E. 77TH LANE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	LAKE, CURTIS III
STREET ADDRESS	8401 N.E. 77TH LANE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	SD
NAME	NELSON, ORA LEE
STREET ADDRESS	2114 N.E. 7TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	CARTER, ALBERT JR.
STREET ADDRESS	1611 S.E. 12TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD
33 STREET ADDRESS	Annie H. Gainey
34 CITY - ST - ZIP	21515 NW 205th Street High Springs, FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	IF VP
53 STREET ADDRESS	Clay, Raymond R, Sr
54 CITY - ST - ZIP	27644 Corry Village Gainesville FL 32603
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	Clay & Victoria
64 CITY - ST - ZIP	2511 NE Sunset Drive Winter Haven, FL 33891

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **Curtis Lake, Jr.** *[Signature]* **3-27-95** *[Date]* **904-586615** *[Phone]*

**DELIVERANCE MIRACLE REVIVAL CENTER, INC.
OF GAINESVILLE, FLORIDA**

187058

APOSTLE CURTIS LAKE, JR.
Chief Overseer

POST OFFICE BOX 268
GAINESVILLE, FLORIDA 32601

1817 HAWTHORNE RD.
GAINESVILLE, FLA. 32601
CHURCH 395-6153.

TO WHO IT MAY CONCERN:

THIS IS A 3rd addition TO THE ANNUAL REPORT.

TITLE D
NAME CLAY, JUANITA G.
STREET ADDRESS 276 #4 CORRY VILLAGE
CITY-ST-ZIP GAINESVILLE, FL 32603

THANKS.