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Secretary of State

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0011018

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 707058

1. Corporation Name

DELIVERANCE MIRACLE REVIVAL CENTER INC

Principal Place of Business

1817 SE HAWTHORNE RD
 GAINESVILLE FL 32641
 US

Mailing Address

P.O. BOX 268
 GAINESVILLE FL 32601
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/27/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1269231	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		25	
25		30		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAKE, CURTIS JR. 8401 N.E. 77TH LANE GAINESVILLE FL 32601				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAKE, CURTIS JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, CURTIS JR.	1.2 NAME	
STREET ADDRESS	8401 N.E. 77TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD LAKE, CURTIS III	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, CURTIS III	2.2 NAME	
STREET ADDRESS	8401 N.E. 77TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD GAINAY, ANNIE H	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINAY, ANNIE H	3.2 NAME	
STREET ADDRESS	21515 NW 205TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD CARTER, ALBERT JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ALBERT JR.	4.2 NAME	
STREET ADDRESS	1611 S.E. 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	V CLAY, RAYMOND R SR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, RAYMOND R SR	5.2 NAME	
STREET ADDRESS	276 #4 CORRY VILLAGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	5.4 CITY-ST-ZIP	
TITLE	D CLAY, VEDRIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, VEDRIA	6.2 NAME	
STREET ADDRESS	2511 NE SUNSET DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	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: Curtis Lake, Jr. DATE: 5/1/99 (352) 327-7024

CR2E037 (11/98)