


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718179 (5)					
1. Corporation Name FIRST DELIVERANCE FELLOWSHIP, INC.					
Principal Place of Business 2683 N.W. 65TH ST. MIAMI FL 33147			Mailing Address 2683 NW 65 ST MIAMI FL 33147 US		



2. Principal Place of Business 21 2683 NW 65th St Suite / Apt. #, etc. MIA FL-33147 City & State MIA FL Zip 33147 Country DADE		2a. Mailing Address 26 2683 NW 65th St Suite, Apt. #, etc. MIA FL-33147 City & State MIA FL Zip 33147 Country DADE		3. Date Incorporated or Qualified 04/10/1970	
				4. FEI Number 23-0871819	
				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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAKER, EVELYN 1531 N.W. 84TH ST. MIAMI FL 33147				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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D. Mildred Everett
NAME	EVERETT, MILDRED	1.2 NAME	
STREET ADDRESS	1531 NW 84 STREET	1.3 STREET ADDRESS	1531-NW-84 St MIA, FL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33147
TITLE	TD	2.1 TITLE	
NAME	ROBINSON, ELLEN J.	2.2 NAME	
STREET ADDRESS	76 N.W. 85 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	GOODMAN, CLAUDETTE	3.2 NAME	
STREET ADDRESS	2233 NW 80 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	Vice President
NAME	JACKSON, EMILY	4.2 NAME	1531 NW 84 St MIA FL
STREET ADDRESS	1531 N.W. 84 STREET	4.3 STREET ADDRESS	Emily Moore
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	33147
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

EMILY JACKSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) Daytime Phone # 330-4399

CR2E037 (10/97)