FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 MAY 31 PM 9:19

DOCUMENT # **741705** **(8)**

1. Corporation Name

LAST DAY DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 310186~~ ~~MIAMI FL 33151~~ P.O. Box 173765 Hialeah Fl 33017-3765	~~P.O. BOX 310186~~ ~~MIAMI FL 33151~~ P.O Box 173765 Hialeah Fl 33017-3765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1978	3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-2597271	☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHEPHERD, RUSSELL A.
11077 BISCAYNE BLVD
PENTHOUSE
MIAMI FL 33161

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	GRANDBERRY, WILLIE	12 NAME	
STREET ADDRESS	3135 N.W. 101ST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HILL, AMOS	22 NAME	
STREET ADDRESS	1713 NW 192 ST	23 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HILL, BEVERELY A	32 NAME	
STREET ADDRESS	1713 NW 192 ST	33 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	34 CITY-ST-ZIP	
TITLE	SA	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, BETTY	42 NAME	
STREET ADDRESS	2980 N.W. 170TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	GREENE, JAMES	52 NAME	
STREET ADDRESS	860 N.W. 200TH TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	CLARKE, SONJA	62 NAME	
STREET ADDRESS	12175 N.E. 19TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	64 CITY-ST-ZIP	

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 119.07(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: Rev. Amos Hill 5-23-95 (305) 620-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045306