

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33724 (8)

1. Corporation Name
DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIST, INC.



Principal Place of Business 3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311 US	Mailing Address 3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311-7612
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 04/24/1996
21 3090 NW 7 ST	26 3090 NW 7 ST	4. FEI Number 65-0141478		Applied For Not Applicable	
22 FT LAUDERDALE FLA	27 FT LAUDERDALE FLA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 33311	28 Broward	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33311	25 Broward	29 33311		30 Broward	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLANE, ROSA B. 2731 N.W. 28TH AVENUE FORT LAUDERDALE FL 33311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCLANE, ROSA B.		1.2 NAME				
STREET ADDRESS	2731 N.W. 28TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCLANE, ANTHONY D.		2.2 NAME				
STREET ADDRESS	2731 N.W. 28TH AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRYANT, CAREY R		3.2 NAME				
STREET ADDRESS	2811 NW 58TH AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL 33313		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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14. I do 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 **Rosa B. McLane** Director

CR2E037 (9/96)