FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N33724

(8)

DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIS T, INC.					
Principal Plac	Mailing Address			T CONTROL DEC 19100 1949 (BOLD 1904) DIGIT CIRTI GLOVI DIGIT	
3090 N.W. 7TH FORT LAUDERG US		3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311			3. Date Incorporated or Qualified 08/15/1989 4. FEI Number Applied For
					65-0141478 Not Applicable
2. Principal Place of Business		2a. Mailing Address 26			Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country Zip Co		Coun	try	8. This corporation owes or has paid the current year Intangible
24	26	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	it Registered Agent		1 Name	10. Name and Address of New Registered Agent
			Ľ	INATIO	
	E, ROSA B.		Ē	Street A	Address (P.O. Box Number is Not Acceptable)
2731 N.W. 26TH AVENUE FORT LAUDERDALE FL 33311			8	3	
, , , , , ,			Ē	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statu	tes, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
1 office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	by the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	my tary and dooops the oping	4.0.10 0.7 00010.7 0 17.0000, 7 1	onda orang	.00.	
SIGNATURE.	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	TE Registered	gent eignature	required when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE 1.1 T		[☐ Change ☐ Addition
NAME	MCLANE, ROSA B.		1.2 NAN	J	
STREET ADORESS			1.3 STR	ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MCLANE, ANTHONY D.		2.2 NAM	IE	
STREET ADDRESS			2.3 STRI	EET ADDRESS	
CITY-ST-ZIP				/-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, CAREY R		3.2 NAM	E]	
STREET ADDRESS	2611 NW 56TH AVE.		3.3 STRI	ET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313			(-ST-ZIP	
TITLE		☐ DELETE	4.1 TITL		☐ Change ☐ Addition
NAME			4. 2 NAM	AE }	
40000		•		ET ADDRESS	
CITY-ST-24P		DECETE		-ST-ZIP	☐ Change ☐ Addition
†ITLE		☐ DELETE	5.1 TITL	!	, LJ Change LJ Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DECER		-ST-ZIP	Down Lane.
TITLE		☐ DELETE	6.1 TITLI		Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STR	ET ADDRESS	

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 changing, or on an attachment with an address.

6.4 CITY+ST-ZIP

FILED

Jun 05 1998 8:00am

Secretary of State