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May 08, 1999 8:00 am
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05-08-1999 90031 014 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N33724

1. Corporation Name
DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIS T, 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/15/1989

4. FEI Number
 65-0141478

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

9. Name and Address of Current Registered Agent

MCLANE, ROSA B.
 2731 N.W. 26TH AVENUE
 FORT LAUDERDALE FL 33311

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 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 *Rosa B. McLane PTD*

(NOTE: Registered Agent signature required when reinstating)
Rosa B. McLane

05/06/1999
 DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **PTD**
 NAME **MCLANE, ROSA B.**
 STREET ADDRESS **2731 N.W. 26TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VSD**
 NAME **MCLANE, ANTHONY D.**
 STREET ADDRESS **2731 N.W. 26TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**
 NAME **BRYANT, CAREY R**
 STREET ADDRESS **2611 NW 56TH AVE.**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)