#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # N93000002927

Corporation Name

# JESUS CHRIST OF NAZARETH HEALING AND DELIVERANCE MINISTRY, CORPORATION

Principal Place of Business
P.O. BOX 47148
JACKSONVILLE FL 32247-7141

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

P.O. BOX 47141

2a. Mailing Address

27

Suite, Apt. #, etc.

JACKSONVILLE FL 32247-7141

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90005 012 \*\*\*\*61.25

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3. Date incorporated or Qualifed

06/30/1993

59-3183546

4. FEI Number

Zip Country Zip Country Sip Country Country Country Country Sp. 00 May Be Added to Fees  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  DAVIES, A.L. 2064 W. 13TH STREET JACKSONVILLE FL 32209-4756  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules.  SIGNATURE Signature. typed or printed na rise of registered agent aim of the fapplicable. (NOTE Registered Agent signature required when reinstating)  DAVIES, A.L. 2064 W. 13TH STREET  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF IS IN 12  TITLE PD DAVIES, AZZIE L  STREET ADDRESS  2064 W. 13TH STREET  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  1.15 TITLE  DAVIES, AZZIE L  1.15 TITLE  1.15	City & Stat	e	City & State	•			5.	Certifcate	of Status De	esired				ditional
Zip	23		28										ee Ked	uirea
9. Name and Address of Current Registered Agent  DAVIES, A.L. 2064 W. 13TH STREET  JACKSONVILLE FL. 32209-4756  11. Pursuant to the provisions of Scritors 617 0502 and 617,1508, Florids Statutes, the above named or poration submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above named or poration submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes.  SIGNATURE  Signatur, Special or present as are registered agent and their favorable.  12. OFFICERS ANI) DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS IND DIRECTORS IN 12  14. CITY - ST-2IP  DAVIES, AZZIE L  STREET ADDRESS  GOTY-ST-2P  TITLE  DAVIES, AZZIE L  SUBME  14. CITY - ST-2IP  15. STREET ADDRESS  GOTY-ST-2P  TITLE  DELETE  14. TITLE  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. STREET ADDRESS  GOTY-ST-2P  TITLE  NAME  15. STREET ADDRESS  GOTY-ST-2P  DELETE  15. STREET ADDRESS  GOTY-ST-2P  TITLE  NAME  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. STREET ADDRESS  GOTY-ST-2P  TITLE  NAME  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. STREET ADDRESS  GOTY-ST-2P  TITLE  NAME  15. STREET ADDRESS  GOTY-ST-2P  ACKSONVILLE FL  15. CITY-ST-2P  ACKSONVILLE FL							3			-		•		
DAVIES, A.L 2084 W. 13TH STREET JACKSONVILLE FL 32209-4756  83  84 City FL 85 Zip C-xide  83  84 City FL 85 Zip C-xide  84  85 Zirred Address (P.O. Box Number is Not Acceptable)  86  87  88  89  89  80  80  80  80  80  80  80	24				30								aded to	Fees
DAVIES, A.L 2084 W. 13TH STREET JACKSONVILLE FL 32209-4756  82 Street Address (P.O. Box Number is Not Acceptable)  83   City   FL   85   Zip Code  11. Pursuant to the provisions of Sk-ctions 617,0502 and 617-1508. Florida Statutes, the above-named or poration submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Photos Statutes, agent, and accept the obligations of, Section 617,0503, Photos Statutes, agent, and accept the obligations of, Section 617,0503, Photos Statutes, agent, and accept the obligations of, Section 617,0503, Photos Statutes, agent agent are set of registered agent agent are set of registered agent agen		9. Name and Address of Current	Registered Agent		04	Ness	10.	Name and	Aggress	OT NEW N	egisterea	Ayent		
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ACKSONMILE FL 32209-4756    83					82	Street Ad	ddress (P.	O. Box No	ımber is No	t Accepta	ible)			
### City ### FL 85 Zip Cide  ### City ##	2064 W. 1	13TH STREET			<u></u>									
T. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approintment as reg stered agent, or mid emiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, Translation of the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approintment as reg stered agent, or both, in the State of Florida Statutes, the above-named of directors. I hereby accept the approintment as reg stered agent, or both, in the State of Florida Statutes, the above-named of directors. I hereby accept the approintment as reg stered agent, or both, in the State of Florida Statutes, the above-named of directors. I hereby accept the approintment as reg stered agent, or both, in the State of Florida Statutes, the approintment as reg stered agent, or both, in the State of Florida Statutes, the approintment as reg stered agent, or both, in the State of Florida Statutes, the approintment as reg stered agent, or both in the purpose of change is agent to a financial specific agent, and the appropriation for the purpose of change is agent to a financial specific agent, and the appropriation for the purpose of change is agent to a financial specific agent, and the appropriation and the appropriation for the purpose of change is agent to a financial specific agent, and the appropriation for the purpose of change is agent to a financial specific agent, and the appropriation for the purpose of change is agent to a financial specific agent agent and the appropriation for the purpose of change is a financial specific agent agent and the appropriation for the purpose of change is a financial specific agent agent and the appropriation for the purpose of change is a financial specific	JACKSON	VILLE FL 32209-4756			83	<b>'</b>								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Firefule Statues, the above-named or or poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was submitted by the corporation's board of circutors. I hereby accept the aprointment as reg stered agent, I am familiar with, and accept the deligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, types or printed ine via of registered speet and title if explication.  INDT = Registered Agent speakure required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS  NIND DIRECTOR IS IN 12  TITLE  DAVIES, AZZIE L  12. INTLE  12. LA DAVIES, AZZIE L  12. SOB DELETE  12. TITLE  DAVIES, AZZIE L  13. ADDITIONSICHANGES TO OFFICERS  NIND DIRECTOR IS IN 12  Change Addition of the company of the co					84	City						85	Zip C	ode
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22	office or r	registered agent, or both, in the State of	f Florida. Such cha	nge was au	ithorized by	the corpora	erporation etion's bo	ard of dire	nis statemer ctors. I here	aby accep	ot the appoi	ntment	as reg	stered
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I here sy certify that the information supplied with this filing does not quality or the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that it am an 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 I nder 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.

GNATURE: OLD A CONTROL OF SIGNING OFFICER OR DIRECTOR

1 4/20

904-630-6898

Daytime Phone #

CR2E037 (11/98)

Applied For

Not Applicable