## 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 # N95000002414

1. Corporation Name

GREATER FIRST CHURCH OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

## Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90152 097 \*\*\*\*61.25 04-14-1999 90152 098 \*\*\*\*\*8.75

7640 NORTH V MIAMI FL 3315	vest 7th avenue 10	7620 NW 141 MIAMI FL 33									
Principal Place of Business     Address     Address					<del> </del>			Date Incorporated or Qualifed		<u> </u>	
21	·	26	26					05/18/1995	<u></u>	<del></del>	··
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				4.	FEI Number			lied For
22	27						<b>65-05903</b> 87	<del>-</del>	<del></del>	Applicable	
City & Stat	e	City & Si	City & State				5.	Certificate of Status Desired	<b>X</b>	\$8.75 A Fee Rec	
Zip	Country	Zip Country					6.	Election Campaign Financing		\$5.00	May Be
25 29			30				Ì	Trust Fund Contribution		Added to	Fees
9. Name and Address of Current Registered Agent					1		10.	Name and Address of New	Registered	Agent	
	•			8	31	Name -					
EZELL, SHIRLEY A					32	Street Address (P.O. Box Number is Not Acceptable)					
7620 NORTH WEST 14TH COURT					$\perp$			· · ·			
MIAMI FL 33147				\8	33						
mean 15 00 17					84 City					85 Zip C	ode
	to the provisions of Sections 617.05			1		•			FL	<b>.</b>   ``   ` '	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)  12. OFFICERS AND DIRECTORS					gent	signature required		reinstating) ADDITIONS/CHANGES TO OR	DATE FICERS A		
TITLE	PD DELETE 1.51			1.1 TITLE	E					Change	☐ Addition
NAME	EDWARDS, MARY E			1.2 NAM	E						
STREET ADDRESS	7620 NW 14TH COURT			1.3 STRE	EET/	ADDRESS		•			
CITY-ST-ZIP	MIAMI FL 33147			1.4 CITY	1.4 CITY-ST-ZIP						
TITLE	VP/D		DELETE	2.1 TITLE	E					Change	Addition
NAME	EZELL, SHIRLEY A			2.2 NAM	Ε						
STREET ADDRESS	7620 NW 14TH COURT			2.3 STR	EET,	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33147			2. 4 CITY		r-ZIP			<del></del>	7 D 05-4-	<u> </u>
TITLE	SD	1	DELETE	• • • • • • • • • • • • • • • • • • • •			-			⁻	Addition
NAME	GARCIA, DEBORAH B			3.2 NAM							
STREET ADORESS	10910 SW 177TH ST.					ADDRESS					
CITY-ST-ZIP	MIAMI FL 33157			3.4. CITY		r-ZIP				☐ Change	Addition
TITLE		· [	DELETE	4.1 TITL						☐ Cusuãa	C vocation
NAME				4. 2 NAN							
STREET ADDRESS						ADDRESS		4			
CITY-ST-ZIP			DELETE	4.4 CITY		-ZIP				Change	☐ Addition
TITLE		1	□ NETE IE	5.1 TITLE 5.2 NAM						C) Antiginge	- T . WO.GOII
NAME	,					ADDRESS .					
STREET ADDRESS	<b>\</b>			0.351Rt	CEI	VDDLE99					

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

U3-12-99

(305)836-5450

Change

☐ Addition