

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002561 (7)
 1. Corporation Name
TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, I NC.



Principal Place of Business 3788 SOUTH WEST 40TH STREET HOLLYWOOD FL 33023	Mailing Address 3788 SOUTH WEST 40TH STREET HOLLYWOOD FL 33023
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3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report <i>input 95</i>
4. FEI Number 11-2653554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 3788 S.W. 40th St	22. Suite, Apt. #, etc. Hollywood	23. City & State Hollywood FLA	24. Zip 33023	25. Country	26. Mailing Address 3788 S.W. 40th St	27. Suite, Apt. #, etc. Hollywood	28. City & State FLA 33023	29. Zip	30. Country
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9. Name and Address of Current Registered Agent

**DOLNIER, PAUL M
DOLNIER & ASSOCIATES
609 NORTH EAST 123RD STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 *JA Alice Monroe (D)* DATE **5/3/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, COLLENE	
STREET ADDRESS	720 NORTH EAST 178TH TRAIL	
CITY-ST-ZIP	MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWLAND, RUPERT	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONROE, ALICE	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, JANICHTH	
STREET ADDRESS	3788 SOUTH WEST 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, DAPHNE	
STREET ADDRESS	213 SOUTH WEST 14TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	COBB COLLENE (N/A)	<input checked="" type="checkbox"/> Address Change
13. STREET ADDRESS	P.O. Box 640853, miami fl/33164	
14. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	WALLACE JANICHTH	
43. STREET ADDRESS	3789 S.W. 40th St	
44. CITY-ST-ZIP	Hollywood fl 33023	
51. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Watson Daphne	
53. STREET ADDRESS	3788 S.W. 40th St	
54. CITY-ST-ZIP	Hollywood fl 33023	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	600001866526	
63. STREET ADDRESS	-06/19/96--01030--044	
64. CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *D Alice Monroe* DATE **5/3/96** DAYTIME PHONE # **954-964-1382**

CR2E037 (12/95)