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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33023-6261

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number: 11-2653554
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D COBB, COLLENE
NAME: COBB, COLLENE
STREET ADDRESS: PO BOX 640853 (N/A)*
CITY-ST-ZIP: MIAMI BEACH FL 33164

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

TITLE: D NEWLAND, RUPERT
NAME: NEWLAND, RUPERT
STREET ADDRESS: 3788 SOUTH WEST 40TH STREET
CITY-ST-ZIP: HOLLYWOOD FL 33023

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

TITLE: D MONROE, ALICE
NAME: MONROE, ALICE
STREET ADDRESS: 3788 SOUTH WEST 40TH STREET
CITY-ST-ZIP: HOLLYWOOD FL 33023

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

TITLE: D WALLACE, JANICHTH
NAME: WALLACE, JANICHTH
STREET ADDRESS: 3789 SOUTH WEST 40TH STREET
CITY-ST-ZIP: HOLLYWOOD FL 33023

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

TITLE: D WATSON, DAPHNE
NAME: WATSON, DAPHNE
STREET ADDRESS: 3788 SOUTH WEST 40TH STREET
CITY-ST-ZIP: HOLLYWOOD FL 33023

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

TITLE: D Rita Coke
NAME: Rita Coke
STREET ADDRESS: 6032 Buchanan Street
CITY-ST-ZIP: Hollywood FL 33024

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED DR Alice Monroe 2-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023579

CR2E037 (9/96)