

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90161 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002561

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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2. Principal Place of Business 21 3788 S.W. 40th Street Suite, Apt. #, etc.	2a. Mailing Address 26 3788 S.W. 40th Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/25/1995
22	27	4. FEI Number 11-2653554 Applied For <input type="checkbox"/> Not Applicable
23 City & State Hollywood FL	28 City & State Hollywood FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33023	29 Zip 33023	30 Country Domestic
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution

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

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 **Rev ALICE MONROE Director** (NOTE: Registered Agent signature required when reappointing) DATE **3-20-99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COBB, COLLENE
STREET ADDRESS	PO BOX 640853 (N/A)*
CITY-ST-ZIP	MIAMI BEACH FL 33164
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	3789 SOUTH WEST 40TH STREET
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> DELETE
NAME	WATSON, DAPHNE
STREET ADDRESS	3788 SOUTH WEST 40TH STREET
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> DELETE
NAME	RITA COKE
STREET ADDRESS	6032 BUCHANAN ST
CITY-ST-ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Pastor Alice Monroe 3-20-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)