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Feb 12 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 # N96000000755 (6)

1. Corporation Name

THE DELIVERANCE OUTREACH MINISTRIES, INC.

Principal Place of Business

1508 AVENUE K
FORT PIERCE FL 34950

Mailing Address

1508 AVENUE K
FORT PIERCE FL 34950

3. Date Incorporated or Qualified
02/09/1996

3a. Date of Last Report

4. FEI Number

65-0638450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCCLAIN, CHARLES N
1508 AVENUE K
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

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

TITLE PD
NAME MCCLAIN, CHARLES N
STREET ADDRESS 1508 AVENUE K
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ DELETE

TITLE VD
NAME KENYON, LUKELL
STREET ADDRESS 2004 VALENCIA AVENUE
CITY-ST-ZIP FORT PIERCE FL 34946 ☐ DELETE

TITLE D
NAME MCCLAIN, LUGENIA
STREET ADDRESS 1508 AVENUE K
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ DELETE

TITLE D
NAME KENYON, ELOUISE
STREET ADDRESS 2004 VALENCIA AVENUE
CITY-ST-ZIP FORT PIERCE FL 34946 ☐ DELETE

TITLE S
NAME STOKES, EURETHA
STREET ADDRESS 3108 AVENUE I
CITY-ST-ZIP FORT PIERCE FL 34950 ☒ DELETE

TITLE T
NAME DURANT, PAMLA
STREET ADDRESS 1709 NO 18TH ST
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S
5.3 STREET ADDRESS DURANT, SUSIE A
5.4 CITY-ST-ZIP 1503 BOSTON AVE
FORT PIERCE FL 34950

6.1 TITLE ☐ Change ☐ Addition
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 *Lugenia mcclain 2-6-97*

CR2E037 (9/96)