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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 <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	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCLAIN, CHARLES N	
STREET ADDRESS	1508 AVENUE K	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENYON, LUKELL	
STREET ADDRESS	2004 VALENCIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLAIN, LUGENIA	
STREET ADDRESS	1508 AVENUE K	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENYON, ELOUISE	
STREET ADDRESS	2004 VALENCIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, EURETHA	
STREET ADDRESS	3108 AVENUE I	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DURANT, PAMLA	
STREET ADDRESS	1709 NO 18TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S DURANT, SUSIE A
5.3 STREET ADDRESS	1503 BOSTON AVE
5.4 CITY-ST-ZIP	FORT PIERCE FL 34950
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 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)