


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90084 042 ****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 # N96000000755

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/09/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0638450	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, CHARLES N	1.2 NAME	
STREET ADDRESS	1508 AVENUE K	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, LUKELL	2.2 NAME	
STREET ADDRESS	2004 VALENCIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, LUGENIA	3.2 NAME	
STREET ADDRESS	1508 AVENUE K	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, ELOUISE	4.2 NAME	
STREET ADDRESS	2004 VALENCIA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34946	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, SUSIE A.	5.2 NAME	
STREET ADDRESS	1503 BOSTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, PAMLA	6.2 NAME	
STREET ADDRESS	1709 NO 18TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	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 Charles N. McClain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-12-99

Daytime Phone # (561) 593

CR2E037 (1/198)