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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**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

**02/09/1996**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0638450**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLAIN, CHARLES N  
1508 AVENUE K  
FORT PIERCE FL 34950**

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

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

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

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

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

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

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

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

TITLE S ☒ DELETE  
NAME DURANT, SUSIE A.  
STREET ADDRESS 1503 BOSTON AVE.  
CITY-ST-ZIP FORT PIERCE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **S Oveda Lane**  
5.3 STREET ADDRESS **2211 Nt 41 ST**  
5.4 CITY-ST-ZIP **Fort Pierce Fla 34950**

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Deloise Taylor**  
6.3 STREET ADDRESS **2700 Wildwood Lane**  
6.4 CITY-ST-ZIP **Fort Pierce Fla 34950**

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 (1/98)