FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704989** **(3)**

1. Corporation Name

MOUNT NEBO FAITH DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
4631 S.W. 26TH STREET HOLLYWOOD FL 33023	4141 SW 28 ST HOLLYWOOD FL 33023 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1962**

3a. Date of Last Report: **04/18/1994**

4. FEI Number: **59-3234479** ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONALD, CALVIN K 4141 S.W. 28TH STREET HOLLYWOOD FL 33023	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, CALVIN K	12 NAME		
STREET ADDRESS	4141 S.W. 28TH STREET	13 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, RUTHIE B	22 NAME		
STREET ADDRESS	4141 S.W. 28TH STREET	23 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MIKE, WILLIE M	32 NAME		
STREET ADDRESS	5019 S.W. 25TH STREET	33 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, BETTY L	42 NAME		
STREET ADDRESS	4402 S.W. 28TH STREET	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOHN	52 NAME		
STREET ADDRESS	3820 S.W. 25TH STREET	53 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 (changed, or on an attachment with an address).

SIGNATURE: Calvin McDonald CALVIN McDONALD 4/26/95 (305) 981-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0038340