

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731620 (1)
1. Corporation Name

**THE WORLD DELIVERANCE CHURCH BY JESUS
CHRIST, IN C.**

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-05/24/96--01017--013
***61.25

Principal Place of Business Mailing Address
**777 N.E. 62nd St. - #C109 (same)
Miami, Fl. 33138**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1975		3a. Date of Last Report 04/04/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0187768		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARNER, ARNOLD 4030 S.W. 127th AV. Miami, Fl. 33175				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 *Arnold Warner* DATE **5-14-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDECAR, DORTHA	12 NAME	
STREET ADDRESS	777 N.E. 62ND ST. - #C-109	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33138	14 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, ARNOLD	22 NAME	
STREET ADDRESS	4030 SW 127 Av.	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33175	24 CITY-ST-ZIP	
TITLE	S/T/D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, JEAN	32 NAME	
STREET ADDRESS	4030 SW 127 Av	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33175	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GNANARATNAM, JOHN C.	42 NAME	
STREET ADDRESS	750 N.E. 62nd St. - #212	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33138	44 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHO, LUBOMIR	52 NAME	
STREET ADDRESS	3051 N.FEDERAL WHY - #202	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Arnold L Warner* DATE **5-14-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)