

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **731620** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

PO BOX 69-3574  
MIAMI 33 33289  
US

PO BOX 69-3574  
MIAMI 33 33289  
US

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 69-3574**

26 **P.O. BOX 69-3574**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33269**

25 **US**

29 **33269**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, MITCHELL S**  
**701 N.W. 210 ST., #511**  
**MIAMI FL 33169**

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

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>MARKS, MITCHELL</b>               |                                 |
| STREET ADDRESS | <b>701 N.W. 210 STREET, UNIT 511</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>                |                                 |

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>VD</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>MARKS, VIVIEN</b>                 |                                 |
| STREET ADDRESS | <b>701 N.W. 210 STREET, UNIT 511</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>                |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>DOLNIER, PAUL</b>        |                                 |
| STREET ADDRESS | <b>1107 N.E. 117 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33161</b>       |                                 |

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>SAPER, JEFFREY</b>              |                                 |
| STREET ADDRESS | <b>419 EAST 73 STREET, UNIT 2F</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10021</b>           |                                 |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>PAUL, JOSUE</b>         |                                 |
| STREET ADDRESS | <b>128 N.W. 4 AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>HALLANDALE FL 33009</b> |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>SD</b>  |
| 3.3 STREET ADDRESS | <b>DOLNIER, PAUL</b>   |
| 3.4 CITY-ST-ZIP    | <b>14 PLEASANT ST. #2</b>  |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    | <b>ROCHESTER, NH 03867</b>  |

|                    |   |
|--------------------|---|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 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 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: **MITCHELL MARKS, PRESIDENT** 2/1/98 3056513923

CR2E037 (10/97)