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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:08

DOCUMENT # 732283 (7)

1. Corporation Name
THE HOLY UNION CHURCH OF DELIVERENCE, INC.

Principal Place of Business	Mailing Address
C/O BISHOP DAVID EASON 3895 NW 183 STREET OPA LOCKA FL 33055-2626	C/O BISHOP DAVID EASON 3895 NW 183 STREET OPA LOCKA FL 33055-2626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1975
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-1662900 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

EASER, WENDERA
16425 N.W. 38TH PLACE
OPA LOCKA FL 33055

10. Name and Address of New Registered Agent

81 Name: EASON Wendera
82 Street Address (P.O. Box Number is Not Acceptable): 16425 N. W. 38th Pl.
83 City: OPA - LOCKA Fl. 33054
84 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: Wendera V. Eason / Wendera V. Eason 2/3/95
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	☐ Change ☐ Addition
NAME	EASON, DAVID (BISHOP)	1.2 NAME	
STREET ADDRESS	3895 NW 183RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	EASON,ALBERTA	2.2 NAME	
STREET ADDRESS	3895 NW 183RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MATTIE	3.2 NAME	
STREET ADDRESS	2210 NW 167 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, PANSY	4.2 NAME	
STREET ADDRESS	3026 NW 44 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	EASON, JR., DAVID	5.2 NAME	
STREET ADDRESS	1491 NW 135 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	WADE, ALBERTA	6.2 NAME	
STREET ADDRESS	1020 OPA LOCKA BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Wendera V. Eason / Wendera V. Eason 2/3/95 624-7600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Bishop David Eason / DAVID EASON