

# 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 # 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 33065-2826**

3. Date Incorporated or Qualified **03/25/1975** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1662900		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Country		24		25	
29		30		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
29		30		83		84 City	
29		30		FL		85 Zip Code	

**EASER, WENDERA**  
**16425 N.W. 38TH PLACE**  
**OPA LOCKA FL 33054**

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 Wendera V. Eason Wendera V. Eason 1/23/96  
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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASON, DAVID (BISHOP)	12 NAME	
STREET ADDRESS	3895 NW 183RD STREET	13 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASON, ALBERTA	22 NAME	
STREET ADDRESS	3895 NW 183RD STREET	23 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	24 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MATTIE	32 NAME	
STREET ADDRESS	2210 NW 167 STREET	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, PANSY	42 NAME	
STREET ADDRESS	3026 NW 44 STREET	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASON, JR., DAVID	52 NAME	
STREET ADDRESS	1491 NW 135 STREET	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ALBERTA	62 NAME	
STREET ADDRESS	1020 OPA LOCKA BLVD.	63 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	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: David Eason DAVID EASON PD 1/23/96 624-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)