

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

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

DOCUMENT # **732283** (7)  
1. Corporation Name  
**THE HOLY UNION CHURCH OF DELIVERENCE, INC.**

Principal Place of Business <b>C/O BISHOP DAVID EASON 3895 NW 183 STREET OPA LOCKA FL 33055-2826</b>	Mailing Address <b>C/O BISHOP DAVID EASON 3895 NW 183 STREET OPA LOCKA FL 33055-2826</b>
---	---

3. Date Incorporated or Qualified

**03/25/1975**

4. FEI Number

**59-1662900**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EASON, WONDERA  
16690 N. W. 75 AVE.  
MIAMI LAKES FL 33015**

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

1.1 TITLE ☐ DELETE

NAME  
**PD  
EASON, DAVID BISHOP  
3895 NW 183RD STREET  
OPA LOCKA FL**

1.2 TITLE ☐ DELETE

NAME  
**VD  
EASON, ALBERTA  
3895 NW 183RD STREET  
OPA LOCKA FL**

1.3 TITLE ☐ DELETE

NAME  
**PD  
EASON, CHARLIE O  
16425 N.W. 38 PLACE  
OPA-LOCKA FL 33055**

1.4 TITLE ☐ DELETE

NAME  
**PD  
ROBINSON, MARY  
800 N.W. 13TH AVE., APT 419  
MIAMI FL**

1.5 TITLE ☐ DELETE

NAME  
**TD  
EASON, JR., DAVID  
1491 NW 135 STREET  
MIAMI FL**

1.6 TITLE ☐ DELETE

NAME  
**SD  
WADE, ALBERTA  
1020 OPA LOCKA BLVD.  
OPA LOCKA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD  
Joretha Bailey  
19990 N. W. 34th Ct.  
Carol City, Fla. 33056**

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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: **Wondera Y. Eason**

**2-12-98 893-1550**

CR2E037 (10/97)