


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90140 023 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732283**

1. Corporation Name

**THE HOLY UNION CHURCH OF DELIVERENCE, INC.**

Principal Place of Business  
**C/O BISHOP DAVID EASON  
3895 NW 183 STREET  
OPA LOCKA FL 33055-2826**

Mailing Address  
**C/O BISHOP DAVID EASON  
3895 NW 183 STREET  
OPA LOCKA FL 33055-2826**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/25/1975</b> 4. FEI Number <b>59-1662900</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASON, DAVID BISHOP</b>	1.2 NAME	
STREET ADDRESS	<b>3895 NW 183RD STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASON, ALBERTA</b>	2.2 NAME	
STREET ADDRESS	<b>3895 NW 183RD STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASON, CHARLIE O</b>	3.2 NAME	
STREET ADDRESS	<b>16425 N.W. 38 PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA-LOCKA FL 33055</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>800 N.W. 13TH AVE., APT 419</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASON, JR., DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>1491 NW 135 STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, ALBERTA</b>	6.2 NAME	
STREET ADDRESS	<b>1020 OPA LOCKA BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	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, with all other like empowered.

SIGNATURE:

Wondera V. Eason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E037 (11/98)