FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 2095 IS APPROVED XC

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739814 (2)

1. Corporation Name
MIRACLE DELIVERANCE EVANGELISTIC, INC.

Principal Place of Business	Mailing Address
4407 NW 17 AVENUE P.O. BOX 162855 MIAMI FL 33176	4407 NW 17 AVENUE P.O. BOX 162855 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1977
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1863297 ☐ 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 EXEMPT

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

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

9. Name and Address of Current Registered Agent

FEUER, JEFFREY M.
20466 SOUTH DIXIE HWY
MIAMI FL 33189

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, MATTIE M.	1.2 NAME	
STREET ADDRESS	14010 VAN BUREN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HTS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, MARY	2.2 NAME	
STREET ADDRESS	10905 SW 141 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HGTS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, BEVERLY JOYCE	3.2 NAME	
STREET ADDRESS	14010 VAN BUREN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HGTS FL	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☒ Change ☐ Addition
NAME	WARREN, KATIE R.	4.2 NAME	PLEASE REMOVE NOT MEMBER OF SAID
STREET ADDRESS	16811 N.W. 30 AVE.	4.3 STREET ADDRESS	ORGANIZATION ANY LONGER.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	ATS	5.1 TITLE	☒ Change ☐ Addition
NAME	COLLINS, BETTY	5.2 NAME	PLEASE REMOVE NOT MEMBER OF SAID
STREET ADDRESS	619 N.W. 7 ST. #1	5.3 STREET ADDRESS	ORGANIZATION ANY LONGER.
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Mattie Taylor - Pres 4-17-95 1-305-253-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MATTIE TAYLOR PRES