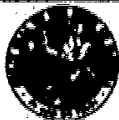


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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

08/02/1977

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

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

EXEMPT

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEUER, JEFFREY M.
20468 SOUTH DIXIE HWY
MIAMI FL 33189

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonattending)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TAYLOR, MATTIE M.
STREET ADDRESS 14010 VAN BUREN ST
CITY - ST - ZIP RICHMOND HTS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME BEASLEY, MARY
STREET ADDRESS 10805 SW 141 LANE
CITY - ST - ZIP RICHMOND HTS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME TAYLOR, BEVERLY JOYCE
STREET ADDRESS 14010 VAN BUREN ST.
CITY - ST - ZIP RICHMOND HTS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE C
NAME WARREN, KATIE R.
STREET ADDRESS 16811 N.W. 30 AVE.
CITY - ST - ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

PLEASE REMOVE NOT MEMBER OF SAID
ORGANIZATION ANY LONGER.

TITLE ATS
NAME COLLINS, BETTY
STREET ADDRESS 819 N.W. 7 ST. #1
CITY - ST - ZIP HALLANDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

PLEASE REMOVE NOT MEMBER OF SAID
ORGANIZATION ANY LONGER.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTIE TAYLOR PRES

4-17-95

1-305-253-6588