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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/02/1977

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. 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

10. Name and Address of New Registered Agent

FEUER, JEFFREY M.  
20466 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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, MATTIE M.	
STREET ADDRESS	14010 VAN BUREN ST	
CITY - ST - ZIP	RICHMOND HTS FL 33176	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEASLEY, MARY	
STREET ADDRESS	10905 SW 141 LANE	
CITY - ST - ZIP	RICHMOND HGTS FL 33176	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAYLOR, BEVERLY JOYCE	
STREET ADDRESS	14010 VAN BUREN ST.	
CITY - ST - ZIP	RICHMOND HGTS FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1.E	
1.3.E	
1.4 - ST - ZIP	
2.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1.E	
2.3.E	
2.4 - ST - ZIP	
3.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1.E	
3.3.E	
3.4 - ST - ZIP	
4.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1.E	
4.3.E	
4.4 - ST - ZIP	
5.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1.E	
5.3.E	
5.4 - ST - ZIP	
6.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1.E	
6.3.E	
6.4 - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for 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 M. Taylor (President) *Mattie Taylor* 4-29-98 (305) 253-6588

CR2E037 (10/97)