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Secretary of State

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DUPLICATE

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739814

1. Corporation Name
MIRACLE DELIVERANCE EVANGELISTIC, INC.

Principal Place of Business 4407 NW 17 AVENUE P.O. BOX 162855 MIAMI FL 33176	Mailing Address 4407 NW 17 AVENUE P.O. BOX 162855 MIAMI FL 33176
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/02/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1863297
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		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 _____ (NOT E: 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	TAYLOR, MATTIE M.	1.2 NAME	
STREET ADDRESS	14010 VAN BUREN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HTS FL 33176	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, MARY	2.2 NAME	
STREET ADDRESS	10905 SW 141 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HGTS FL 33176	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BEVERLY JOYCE	3.2 NAME	
STREET ADDRESS	14010 VAN BUREN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HGTS FL 33176	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST TAYLOR	4.2 NAME	
STREET ADDRESS	10740 SW 143 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSIE LESTER	5.2 NAME	
STREET ADDRESS	14485 SW 299 TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY, FL 33033	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mattie Taylor* 4/17/99 305-253-6588
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)