

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760064** (6)

1. Corporation Name

NOW FAITH DELIVERANCE TABERNACLE, INC.

Principal Place of Business

Mailing Address

9275 NE 32 AVE  
MIAMI FL 33147  
US

11760 BERRY DR  
COOPER CITY FL 33026  
US

2. Principal Place of Business

2a. Mailing Address

21 **9275 NW 32 AVE**

28 **11760 Berry Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Miami FL**

28 **Cooper City FL**

Zip

Country

Zip

Country

24 **33147**

25 **Dade**

29 **33026**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, KATRINE PASTOR  
11760 BERRY DR  
COOPER CITY FL 33026

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 *Katrine Forbes*

4/10/1998

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	P	<input checked="" type="checkbox"/> DELETE
NAME	FORBES, KATRINE	<i>Pastor &amp; Over-Sec</i>
STREET ADDRESS	11760 BERRY DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FORBES SPATES, VIOLA	
STREET ADDRESS	701 S. 61 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SH	<input type="checkbox"/> DELETE
NAME	SANDS ROLLE, MILDRED	<i>Secretary</i>
STREET ADDRESS	2971 NW 164 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, JOY L	
STREET ADDRESS	2272 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, BULAH	
STREET ADDRESS	13601 NW 24 AVE #39	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, JOHN	
STREET ADDRESS	3000 NW 160 ST	
CITY-ST-ZIP	MIAMI FL 33054	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Katrine Forbes* 4/10/98 954 442-2721

CR2E037 (10/97)