


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90159 037 \*\*\*\*\*8.75

04-14-1999 90159 038 \*\*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 764517**

1. Corporation Name

**GREAT DELIVERANCE PENTECOSTAL CHURCH OF GOD, INC.**

Principal Place of Business

 512 W LIBSON PARKWAY  
 DELAND FL 32720  
 US

Mailing Address

~~2425 E 21ST STREET~~  
~~SANFORD FL 32771~~

 2477 Crawford DR.  
 Sanford FL 32771


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/11/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	05-0500923
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 WILLIAMS, EUGENE  
 2425 E 21ST STREET  
 SANFORD FL 32771
81 Name James Edward Williams

82 Street Address (P.O. Box Number is Not Acceptable)

2477 Crawford DR.

83

84 City Sanford F/A. FL 85 Zip Code 32771

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 for 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

James E. Williams

(NOTE: Registered Agent signature required when reappointing)

DATE

4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<u>Paster &amp; Directors</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, EUGENE	1.2 NAME	<u>James E. Williams</u>
STREET ADDRESS	2425 E 21ST STREET	1.3 STREET ADDRESS	<u>2477 Crawford Dr.</u>
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	<u>Sanford F/A. 32771</u>
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, FANNIE	2.2 NAME	
STREET ADDRESS	2425 E 21ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LILLIAN	3.2 NAME	
STREET ADDRESS	2425 E 21ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LILLIE MAE	4.2 NAME	
STREET ADDRESS	1114 S. PARSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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:

LILLIE MAE LEWIS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)