

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 03 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001999 (8)

1. Corporation Name

GOOD LIFE DELIVERANCE MINISTRIES, INCORPORATED



Principal Place of Business

Mailing Address

16502 SW 114 CT.  
MIAMI FL 33157

16502 SW 114 CT.  
MIAMI FL 33157

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

11-3018550

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, ASSAD REV.  
17360 S. DIXIE HWY.  
MIAMI FL 33157

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WRIGHT, OTIS B REV.	
STREET ADDRESS	17360 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33157	

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wright, Otis B Rev.	
1.3 STREET ADDRESS	17360 S. Dixie Hwy.	
1.4 CITY-ST-ZIP	Miami, FL 33157	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, ASSAD REV.	
STREET ADDRESS	17360 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33157	

2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wright, Assad Rev.	
2.3 STREET ADDRESS	17360 S. Dixie Hwy.	
2.4 CITY-ST-ZIP	Miami, FL 33157	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLIOTT, ELAINE	
STREET ADDRESS	17360 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33157	

3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elliott, Elaine	
3.3 STREET ADDRESS	17360 S. Dixie Hwy.	
3.4 CITY-ST-ZIP	Miami, FL 33157	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WATSON, JULIE	
STREET ADDRESS	17360 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33157	

4.1 TITLE	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Watson, Julie	
4.3 STREET ADDRESS	17360 S. Dixie Hwy.	
4.4 CITY-ST-ZIP	Miami, FL 33157	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002608455	
5.3 STREET ADDRESS	-08/05/98--01099--027	
5.4 CITY-ST-ZIP	***61.25	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002608455	
6.3 STREET ADDRESS	-08/05/98--01099--028	
6.4 CITY-ST-ZIP	***8.75	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)