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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90158 003 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07363

1. Corporation Name
THE DELIVERANCE CHURCH OF THE BODY OF CHRIST INC

Principal Place of Business 2708 23RD AVE TAMPA FL 33610-4516 US	Mailing Address P O BOX 7014 ST. PETERSBURG FL 33734 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/29/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3008499
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" 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
Country 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAILEY, GEORGE 1250 SKIPPER RD TAMPA FL 33613		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: *George Bailey* DATE: 4/28/99

(NOTE: Registered Agent signature required when reinstating)

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	BAILEY, GEORGE (PASTOR)	1.2 NAME	
STREET ADDRESS	1250 SKIPPER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, ERNEST	2.2 NAME	
STREET ADDRESS	3511 EAST 25TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, ARTHUR	3.2 NAME	
STREET ADDRESS	913 22ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, JESSE	4.2 NAME	
STREET ADDRESS	1646 PRESTON STREET S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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: *George Bailey* REQUIRED DATE: 4/28/99 DAYTIME PHONE #: 813-903-9073

CR2E037 (1/98)