

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:26

DOCUMENT # N07775 (2)

1. Corporation Name

**RESCUE MISSION, DELIVERANCE FOR ALL PEOPLE INC.,
OF MIRAMAR**

Principal Place of Business

Mailing Address

5801 FUNSTON ST. HOLLYWOOD, FL 33023
C/O 7936 W ORLEAN ST
MIRAMAR FL 33023

5801 FUNSTON ST. HOLLYWOOD, FL 33023
C/O 7936 W ORLEAN ST
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1985

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2479262

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, ROSIE LEE
7936 ORLEAN ST
MIRAMAR FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAMS, ALVERINE J
STREET ADDRESS 2585 NW 205 ST
CITY - ST - ZIP OPA LOCKA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

D ☒ Change ☐ Addition
CARTER, ADONIS P.O. BOX 611544
7075 N.W. 186th ST C-303
NORTH MIAMI, FLA. 33241

TITLE D
NAME JOHNSON, CYNTHIA
STREET ADDRESS 7936 W ORLEAN ST
CITY - ST - ZIP MIRAMAR FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME STUDILL, ANDREW P.
STREET ADDRESS 2350 N.W. 54TH ST. #103
CITY - ST - ZIP MIAMI FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME MILES, ROSIE LEE
STREET ADDRESS 7936 ORLEAN ST
CITY - ST - ZIP MIRAMAR FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rosie Lee Miles

Rosie Lee Miles

01-03-95

(305)961-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone / Telex #