

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified	02/21/1985
4. FEI Number	59-2479262
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 7936 W. ORLEAN ST	26. 7936 W. ORLEAN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. MIRAMAR, FLA.	28. MIRAMAR, FL 33023
Zip	Zip
24. 33023	29. 33023
Country	Country
25. Broward	30. Broward

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. City	
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	D	<input type="checkbox"/> DELETE
NAME	CARTER, ADONIS	
STREET ADDRESS	PO BOX 611544 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CYNTHIA	
STREET ADDRESS	7936 W ORLEAN ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUDSTILL, ANDREW P.	
STREET ADDRESS	2350 N.W. 54TH ST. #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILES, ROSIE LEE	
STREET ADDRESS	7936 ORLEAN ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rosie Lee Miles*

Rosie Lee Miles

4/13/98

CR2E037 (10/97)