## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N14171

(5)

DELIVERANCE PENTACOST CHURCH, INC.

DELIVERANCE PENTACOST CHOROLI, INC.										
Principal Place	of Business	Mailing Address			(	AND MINITERSTRA	#1#11 BIE1	TI WENT DINK INDI		
% one finan ste. 160 <b>1</b> 2 ft. Lauderda		% one financial plaza ste. 160 <b>0</b> ft. Lauderdale fl 33394								
VI. DOUCHU	EE 16 00007	THE STOCK THE TEXT				<ol> <li>Date Incorporated or Qualified 04/03/1986</li> </ol>		e of Las <b>5/01/</b> 1	st Report 1995	
Principal Pla	ice of Business	2a. Mailing Address 26			4. FEI Number <b>59-2671567</b>	Applied For Not Applicable				
Suite, Apt. 4	*, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Count			8. This corporation has liability for in				
24	25	29				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
-	9. Name and Address of Curre	nt Registered Agent		81	Name	ty. Name and Address of New Ne	gistered A	Heur		
MOVIE	DEDMADO Y COMIDE		L		-					
MOYLE, BERNARD T ESQUIRE ONE FINANCIAL PLAZA				82	Street Ad	dress (P.O. Box Number is Not Acceptable	ž)		ļ	
SATE. 1600				83						
FT. LAUDERDALE FL 33394								1221		
				84	City		FL	85 2	Zip Code	
or registers	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authori	ized by the c	ve-na orpc	amed corp ration's bo	oration submits this statement for the purp pard of directors. Thereby accept the appo	ose of char ntment as r	nging its registere	registered office ad agent. I am	
SIGNATURE _	Signature, typed or printed name of registered age:	it and little if applicable (f)	NOTE: Registered .	Agent	signature regu	ired when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	FORS IN 12	
TIZLE	PD	DELETE	1.1 1171.1				[	Change	e 🔲 Addition	
NAME	MCKENZIE, OSCAR	12 N								
STREET ADDRESS				HEET.	ADDRESS	3				
CITY-ST-ZIP	OPA LOCKA FL				F-ZIP			7 Chasse	e Addition	
TITLE	SD WATSON CHIENDOLVN	DELETE 21					L	_] Change	: Addition	
NAME	980 SULTAN AVE.	VATSON, GWENDOLYN			1000000					
STREET ADDRESS	OPA LOCKA FL	ODA LOCKA EL			ADDRESS					
CITY-ST-ZIP TITLE	TD	DELETE 3.1			T-ZIP			Change	e Addition	
NAME	SOLOMON, HYACINTHE			NAME			_	-		
STREET ADDRESS	3140 NW 4TH COURT		33\$1	3 3 STREET ADDRESS						
CITY-ST-ZIP			3.4 CI	3.4 CITY-ST-ZIP						
TITLE			4.1 TiT	LE		Change Add			e 🔲 Addition	
NAME	ELLESSON, GEORGE			4. 2 NAME						
STREET ADORESS	AUDEDDALE LAVES EL				ADDRESS					
CITY - ST - ZIP			4 4 Ci		i - 7IP	☐ Change ☐ Addition			a [ Addition	
TITLE	D RCONADO-LEAGARD	_				Clange C Addi			: L'I vocition	
NAME Proces approach			52 NA		ADDRESS					
STREET ADDRESS	FT_LAUDERDALE FL_	ET LAUDECOALE EL			T-ZIP					
CITY-ST-ZIP TITLE	D	DELETE S			- ZIF			Change	e 🔲 Addition	
NAME	-			ME		60000187	'969	56	_	
	AND ALLEY ARRESTS				Anneced	-06/28/96010	91 <b></b>	BO.	03	

MIAMI FL 6.4 CITY - ST - ZIP 14. Ido 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:

May 1- 96
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\*\*\*81.25