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May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90003 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N15496</b>			
<b>1. Corporation Name</b> <b>FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.</b>			
<b>Principal Place of Business</b> 104 N PINE ST PALATKA FL 32177		<b>Mailing Address</b> 104 N PINE ST PALATKA FL 32177 US	



<b>2. Principal Place of Business</b> 21		<b>2a. Mailing Address</b> 28		<b>3. Date Incorporated or Qualified</b> 06/19/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		<b>4. FEI Number</b> NOT APPLICABLE	
<b>City &amp; State</b> 23		<b>City &amp; State</b> 28		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 24		<b>Country</b> 25		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> THOMAS, K 104 N PINE ST PALATKA FL 32177				<b>10. Name and Address of New Registered Agent</b>	
				<b>81 Name</b>	
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
				<b>83</b>	
				<b>84 City</b>	
				<b>FL</b>	
				<b>85 Zip Code</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, K	1.2 NAME	
STREET ADDRESS	104 N PINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	TR	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, E	2.2 NAME	THOMAS, E.
STREET ADDRESS	225 BERNHAM ST	2.3 STREET ADDRESS	104 N. Pine. st.
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	PALATKA, FLA. 32177
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ONA	3.2 NAME	BAKER, R.
STREET ADDRESS	PO BOX 1502 N/A TANNER RD	3.3 STREET ADDRESS	225 BERNHAM ST
CITY-ST-ZIP	PALATKA FL 32177	3.4 CITY-ST-ZIP	PALATKA, FLA. 32177
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KEITH	4.2 NAME	
STREET ADDRESS	104 PINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, ELDER AUDLEY	5.2 NAME	
STREET ADDRESS	115 LEWIS BROER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	E. PALATKA FL	5.4 CITY-ST-ZIP	
TITLE		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: Katherine Harris 2-22-99 328-7715  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-141981