FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90047 018 ****70.00

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DOCUMENT # N19498

1. Corporation Name

EMMANUEL DELIVERANCE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1309 GEORGIA AVENUE WEST PALM BEACH FL 33401	1309 GEORGIA AVENUE WEST PALM BEACH FL 33401

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/03/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0218632 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARCELLE, NORBERT S JR
1600 39TH ST.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARCELLE, NORBERT S JR		1.2 NAME		
STREET ADDRESS	1600 39TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARCELLE, BEATRICE		2.2 NAME		
STREET ADDRESS	1600 39TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33407		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEBRA CONEY		3.2 NAME		
STREET ADDRESS	225 N. D STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARY CONEY		4.2 NAME		
STREET ADDRESS	225 N. D STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAULETTE SIMMONS		5.2 NAME		
STREET ADDRESS	3901 36TH COURT #209A		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	KIM MARCELLE		6.2 NAME	Kim Edwards	
STREET ADDRESS	7400 GEORGIA AVE., #G		6.3 STREET ADDRESS	P.O. Box 826	
CITY-ST-ZIP	WEST PALM BCH FL		6.4 CITY-ST-ZIP	West Palm Beach, FL 33402	

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: Norbert Marcelle Jr. SIGNATURE REQUIRED March 18, 1999 (561) 832-5148
MARCELLE, NORBERT S, JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)