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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21622 (8)

1. Corporation Name
APOSTLE FAITH CHURCH OF DELIVERANCE, INC.



Principal Place of Business
112 DEVONSHIRE DRIVE
FT. PIERCE FL 34946

Mailing Address
112 DEVONSHIRE DRIVE
FT. PIERCE FL 34946-1227

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 02/02/1996

4. FEI Number: 65-0104872
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

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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
MILLER, ISAAC
112 DEVONSHIRE DR.
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Isaac Miller* (NOTE: Registered Agent signature required when reinstating) DATE: 1-22-97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MILLER, ISAAC	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input type="checkbox"/>
NAME	MILLER, GRACE	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	WASHINGTON, EURA	
STREET ADDRESS	308 ESSEX DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/>
NAME	BACON, DARCY	
STREET ADDRESS	3108 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/>
NAME	IVEY, JULIUS	
STREET ADDRESS	4000 AVENUE SOUTH	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	P/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MILLER GRACE		
2.3 STREET ADDRESS	112 DEVONSHIRE DR		
2.4 CITY-ST-ZIP	FT PIERCE FL		
3.1 TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Graydon, Annette		
3.3 STREET ADDRESS	662 NW Bayshore Blvd		
3.4 CITY-ST-ZIP	Port Saint Lucie, FL 34983		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	BACON DARCY		
4.3 STREET ADDRESS	3108 IROQUOIS AVENUE		
4.4 CITY-ST-ZIP	FT PIERCE FL 34946		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	V/T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	VINCENT TYRONE GREENSHAW		
6.3 STREET ADDRESS	2101 IROQUOIS AVENUE		
6.4 CITY-ST-ZIP	FT PIERCE FL 34946		

14. I do 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: X SIGNATURE REQUIRED *Isaac Miller* 1-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070748

CR2E037 (9/96)