

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21622 (8)**  
1. Corporation Name  
**APOSTLE FAITH CHURCH OF DELIVERANCE, INC.**



Principal Place of Business <b>112 DEVONSHIRE DRIVE FT. PIERCE FL 34946</b>	Mailing Address <b>112 DEVONSHIRE DRIVE FT. PIERCE FL 34946</b>
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3. Date Incorporated or Qualified <b>06/30/1987</b>		
4. FEI Number <b>65-0104872</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	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		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ISAAC	1.2 NAME	
STREET ADDRESS	112 DEVONSHIRE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GRACE	2.2 NAME	
STREET ADDRESS	112 DEVONSHIRE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYDON, ANNETTE	3.2 NAME	
STREET ADDRESS	662 NW BAYSHORE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, DARCY	4.2 NAME	
STREET ADDRESS	3108 IROQUOIS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, JULIUS	5.2 NAME	
STREET ADDRESS	4000 AVENUE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT TYRONE CRENSHAW	6.2 NAME	
STREET ADDRESS	3101 IROQUOIS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	

**ANNEtte TURNER**  
**662 NW Bayshore BLVD**  
**PORT SAINT LUCIE FL**

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: \_\_\_\_\_ REQUIRED**

CR2E037 (10/97)