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**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N21622**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/30/1987

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME MILLER, ISAAC  
 STREET ADDRESS 112 DEVONSHIRE DR.  
 CITY-ST-ZIP FT. PIERCE FL

TITLE PT  DELETE  
 NAME MILLER, GRACE  
 STREET ADDRESS 112 DEVONSHIRE DR.  
 CITY-ST-ZIP FT. PIERCE FL

TITLE S  DELETE  
 NAME TURNER, ANNETTE  
 STREET ADDRESS 662 NW BAYSHORE BLVD  
 CITY-ST-ZIP PORT SAINT LUCIE FL

TITLE D  DELETE  
 NAME BACON, DARCY  
 STREET ADDRESS 3108 IROQUOIS AVENUE  
 CITY-ST-ZIP FT. PIERCE FL

TITLE D  DELETE  
 NAME IVEY, JULIUS  
 STREET ADDRESS 4000 AVENUE SOUTH  
 CITY-ST-ZIP FT. PIERCE FL

TITLE VTD  DELETE  
 NAME VINCENT TYRONE CRENSHAW  
 STREET ADDRESS 3101 IROQUOIS AVENUE  
 CITY-ST-ZIP FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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: **SIGNATURE REQUIRED** *Isaac Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)