

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N31695** (2)

1. Corporation Name

**THE WAY OF DELIVERANCE PENTECOSTAL CENTER, INC.**



Principal Place of Business

Mailing Address

C/O ARNOLD PERSON  
1235 NW 188TH ST.  
MIAMI FL 33169

C/O ARNOLD PERSON  
1235 NW 188TH ST.  
MIAMI FL 33169

3. Date Incorporated or Qualified

**04/13/1989**

3a. Date of Last Report

**06/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 C/O SARAH PERSON

26 C/O SARAH PERSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 694050

27 P.O. Box 694050

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

24 33269

29 33269

Country

Country

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERSON, SARAH  
1235 NW 188TH ST.  
MIAMI FL 33169

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PERSON, SARAH  
STREET ADDRESS 1235 NW 188TH STREET  
CITY - ST - ZIP MIAMI FL

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

TITLE SD  
NAME GOULBOURNE, STEVE  
STREET ADDRESS 6500 NW 4 AVENUE  
CITY - ST - ZIP MIAMI FL

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

TITLE D  
NAME SAMPSON, JOHANN  
STREET ADDRESS 3148 NW 50TH ST.  
CITY - ST - ZIP MIAMI FL

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

TITLE D  
NAME SAMPSON, BERRY  
STREET ADDRESS 20102 NW 12 CT  
CITY - ST - ZIP MIAMI, FL 33169

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

TITLE D  
NAME NAB, Natilee B.  
STREET ADDRESS 18931 NE Miami Pl  
CITY - ST - ZIP MIAMI, FL 33179

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

TITLE D  
NAME VAN, Vincent S.  
STREET ADDRESS 13921 NE Miami Pl  
CITY - ST - ZIP MIAMI, FL 33179

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: (PD) Sarah Person SARAH PERSON

7-1-96 (305) 770-0263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #