

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N32906

(2)

1. Corporation Name

FAITH MIRACLE DELIVERANCE, INC.

Principal Place of Business

Mailing Address

6520 VICKI ST.
PENSACOLA FL 32514

8430 RAMSGATE ROAD
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/20/1989

06/24/1994

4. FEI Number

59-2958945

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

KING, RAMON
8430 RAMSGATE ROAD
PENSACOLA FL 32501

81 Name

Jackson Betty J.

82 Street Address (P.O. Box Number is Not Acceptable)

7828 Dartmoor Ct.

83

84 City

Pensacola

FL

85 Zip Code

32514

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

Jackson, Betty J.

Betty J. Jackson

7/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JACKSON, ELDER PRENECKER
STREET ADDRESS	7228 DARTMOOR CT.
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	KING, RAMON
STREET ADDRESS	8430 RAMSGATE ROAD
CITY ST ZIP	PENSACOLA FL
TITLE	V
NAME	JACKSON, BETTY
STREET ADDRESS	7828 DARTMOOR CT.
CITY ST ZIP	PENSACOLA FL
TITLE	TD
NAME	KING, KATHY
STREET ADDRESS	8430 RAMSGATE ROAD
CITY ST ZIP	PENSACOLA FL
TITLE	DS
NAME	KING, CYNTHIA D.
STREET ADDRESS	8430 RAMSGATE ROAD
CITY ST ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	Deleted
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	DV
32 NAME	Jackson Betty
33 STREET ADDRESS	7828 Dartmoor Ct.
34 CITY ST ZIP	Pensacola, Fl. 32514
41 TITLE	
42 NAME	Deleted
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	Deleted
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	DS
62 NAME	Mary Atkins
63 STREET ADDRESS	911 N "M" St
64 CITY ST ZIP	Pensacola, Fl. 32501

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 110.07(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:

J. Elder Prenecker Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/95

904 478-7223