FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N32906

(2)

FAITH MIRACLE DELIVERANCE, INC.

Principal Place of Business		Mailing Address		T LANGINAL AND STATE STATE SAFET AND	AN MINI MANNE MINIT MENTO NIMET NIMET MINIT NIMET NEME	
8520 VICKI ST. PENSACOLA FL 32514		7828 DARTMOOR CT. PENSACOLA FL 32514-4564 US				
		00		3. Date incorporated or Qualified 06/20/1989	3a. Date of Last Report 02/08/1996	
2. Principal Pl	lace of Business	2a Mailing Address	7071	4. FEI Number	Applied For	
21	н .1-	26 1 ON 1	7974	59-2958945	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State	- C1	6. Election Campaign Financing	\$5.00 May Be	
23		28 1C/05ACO11	H, FC	Trust Fund Contribution	☐ Added to Fees	
Zıp	Country	29 333522	Country	8. This corporation has liability for		
24	25 9. Name and Address of Curre	29 JON J. CO	30 ESCAM	Florida Statutes 10. Name and Address of New R	Yes No	
	S. Hallie Bild Address Of Out to	in negistored Agent	81 Name	10 00 1 1/1/4	Syllatored Agent	
MOVEOU PETRY 4				LIVOI L. PIST	Mare	
7828 DARTMOOR CT.			82 Street A	ddress (P.O. Box Number is Not Accepte	ble)	
PENSACOLA FL 32514			83 72/	03 7201 Onmer St. ADT 1-F		
			84 City	21 (21 (41 (41 (41 (41 (41 (41 (41 (41 (41 (4	85 Zin Code /	
11 Durayant i	to the provinces of Sections 617.05	02 and 647 4500 Clasida Ptatuta		a padia	FL 33534	
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 Jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE A CALL SIGNATURE Signal die, typed ox printed name of registered agent and title if applicable. (NOTE Registered Agent additive required when reinstating) DATE						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1.1 TITLE	·	Change Addition	
NAME	JACKSON, ELDER PRENECI	KEH	1.2 NAME	·		
STREET ADDRESS	7228 DARTMOOR CT. PENSACOLA FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DV	™ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	JACKSON, BETTY		22 NAME	Aberta James	Z Change Z realist	
STREET ADDRESS	7828 DARTMOOR CT.		2.3 STREET ADDRESS	Alberta JAMES 129 East Barke	y ST	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PERSACULA FL 36	1514	
TITLE	DS	DELETE	3.1 TITLE	DE	Change Addition	
NAME	ATKINS, MARY		3.2 NAME	HOU L. MEINTHY	9 7 E	
STREET ADDRESS	911 N. "M" ST Pensacola Fl.		3.3 STREET ADDRESS	7201 Bruner ST Af	752/2	
CITY - ST - ZIP TITLE	PENDACULA FL	DELETE	3.4. CATY-ST-ZIP -	Persocola, Pl. 32	Change Addition	
NAME			4. 2 NAME		Unalige Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
name			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			6.2 NAME			
CITY+ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip			
14. I do hereb	by certify that the information supplie	ed with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statut	es. 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.						