


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N32906</b>					
1. Corporation Name <b>FAITH MIRACLE DELIVERANCE, INC.</b>					
Principal Place of Business 8520 VICKI ST. PENSACOLA FL 32514		Mailing Address POST OFFICE BOX 17974 PENSACOLA FL 32522 US			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/20/1989	
22 City & State		27 City & State		4. FEI Number 59-2958945	
23 Zip		28 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCINTYRE, CAROL L 7201 BRUNER ST. APT 1-F PENSACOLA FL 32526			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	JACKSON, ELDER PRENECKER				
STREET ADDRESS	7228 DARTMOOR CT.				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	JAMES, ALBERTA				
STREET ADDRESS	229 EAST BARKER ST.				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MCINTYRE, CAROL L				
STREET ADDRESS	7201 BRUNER ST. APT 1-F				
CITY-ST-ZIP	PENSACOLA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	JACKSON, Pastor Prenecker				
1.3 STREET ADDRESS	190 NORTH OLD CORY FIELD RD.				
1.4 CITY-ST-ZIP	PENSACOLA, FL.				
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	MCINTYRE, CAROL L.				
3.3 STREET ADDRESS	510 PAULA AVE				
3.4 CITY-ST-ZIP	PENSACOLA FL. 32507				
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	ROSE ELLIOTT				
4.3 STREET ADDRESS	6276 FERGUSON DR				
4.4 CITY-ST-ZIP	PENSACOLA, FL				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: X Prenecker Jackson

2/7/99

457-0696