

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35976** (2)

1. Corporation Name
DELIVERANCE MIRACLE TEMPLE, INC.

Principal Place of Business Mailing Address
% BARBARA PARSON 203 N. 1ST ST. **% BARBARA PARSON 203 N. 1ST ST.**
103 DORSEY AVE. **103 DORSEY AVE.**
DEFUNIAK SPRINGS FL 32433 **DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3020132** Applied For
Net 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **103 Dorsey AVE** 1 26 **103 Dorsey Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **D. EFUNIAK SPRINGS, FLA** 28 **Defuniak, Springs, Fla**
24 **32433** 25 **Walton** 29 **32433** 30 **Walton**

9. Name and Address of Current Registered Agent
PARSON, BARBARA
203 N. 1ST STREET
DEFUNIAK SPRINGS FL 32433

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMPSON, CLAUDE
STREET ADDRESS	3 BURDICK AVE
CITY- ST- ZIP	DEFUNIAK SPGS FL
TITLE	PD
NAME	PARSONS, BARBARA
STREET ADDRESS	203 N 1ST ST
CITY- ST- ZIP	DEFUNIAK SPGS FL
TITLE	D
NAME	HOGANS, RANDALL
STREET ADDRESS	APT 5 OAKDALE GARDEN APT
CITY- ST- ZIP	DEFUNIAK SPGS FL
TITLE	D
NAME	LIVINGSTON, ELLEN
STREET ADDRESS	525 QUEBEC AVE
CITY- ST- ZIP	DEFUNIAK SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 type="checkbox"/> Addition
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 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: Barbara Parson April 28, 1995 864-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)