


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35976** (2)

1. Corporation Name

DELIVERANCE MIRACLE TEMPLE, INC.

Principal Place of Business

Mailing Address

**103 DORSEY AVE.
DEFUNIAK SPRINGS FL 32433
US**

**203 N. 1ST. STREET
DEFUNIAK SPRINGS FL 32433**

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 318 Olympia CT		01/04/1990		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 22		59-3020132		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 St. Walton Bch, Fla		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29 32548	30 Oaxaca				

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	Barbara Boykins
82 Street Address (P.O. Box Number is Not Acceptable)	318 Olympia CT A-22
83	
84 City	St. Walton Bch FL
85 Zip Code	32548

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 **Barbara Boykins** P.D. **July 24, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CLAUDE	1.2 NAME	Barbara Boykins
STREET ADDRESS	3 BURDICK AVE	1.3 STREET ADDRESS	318 Olympia CT
CITY-ST-ZIP	DEFUNIAK SPGS FL	1.4 CITY-ST-ZIP	St. Walton Bch FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, BARBARA	2.2 NAME	
STREET ADDRESS	203 N 1ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGANS, RANDALL	3.2 NAME	
STREET ADDRESS	APT 5 OAKDALE GARDEN APT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, ELLEN	4.2 NAME	
STREET ADDRESS	525 QUEBEC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	\$61.25 Bank
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE REQUIRED

CR2E037 (4/97)