

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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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # N35976 (2)

1. Corporation Name
DELIVERANCE MIRACLE TEMPLE, INC.

Principal Place of Business 103 DORSEY AVE. DEFUNIAK SPRINGS FL 32433 US	Mailing Address 203 N. 1ST. STREET DEFUNIAK SPRINGS FL 32433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/04/1990	3a. Date of Last Report Applied For 05/01/1996
21. Suite, Apt. #, etc.	26. 318 Olympia CT	4. FEI Number 59-3020132	Applied For Not Applicable
22. City & State	27. 22	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Fl. Walton Bch, Fla	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 32548	30. Oaxabosca	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

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. City
Fl. Walton Bch FL

84. 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. DATE **July 24, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	THOMPSON, CLAUDE	
STREET ADDRESS	3 BURDICK AVE	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	PD	<input type="checkbox"/>
NAME	PARSONS, BARBARA	
STREET ADDRESS	203 N 1ST ST	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	D	<input type="checkbox"/>
NAME	HOGANS, RANDALL	
STREET ADDRESS	APT 5 OAKDALE GARDEN APT	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	D	<input type="checkbox"/>
NAME	LIVINGSTON, ELLEN	
STREET ADDRESS	525 QUEBEC AVE	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P.D.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Barbara Boykins		
1.3 STREET ADDRESS	318 Olympia Ct		
1.4 CITY-ST-ZIP	Fl. Walton Bch FL		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	\$61.25 Bank		
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 *Barbara Boykins*

CR2E037 (4/97)