

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra Br. Northon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35976 (2)

1. Corporation Name
DELIVERANCE MIRACLE TEMPLE, INC.



Principal Place of Business Mailing Address
103 DORSEY AVE. DEFUNIAK SPRINGS FL 32433 US
318 OLYMPIA CT 22 FT WALTON BCH FL 32548

3. Date Incorporated or Qualified
01/04/1990
4. FEI Number
59-3020132
Applied For
Not Applicable

2. Principal Place of Business
21 **103 Dorsey Ave**
Suite, Apt. #, etc.
22
City & State
23 **Defunick Springs**
Zip Country
24 **32433** 25 **Walton**
2a. Mailing Address
26 **318 Olympia CT**
Suite, Apt. #, etc.
27
City & State
28 **Ft. Walton, Bch, Fla**
Zip Country
29 **32548** 30 **Florida**

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No **NA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYNKINS, BARBARA
318 OLYMPIA CT
FT WALTON BEACH FL 32548

81 Name
Barbara Boykins
82 Street Address (P.O. Box Number Is Not Acceptable)
318 Olympia CT
83
84 City **Ft. 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**

April 27, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CLAUDE	
STREET ADDRESS	3 BURDICK AVE	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARSONS, BARBARA	
STREET ADDRESS	203 N 1ST ST	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGANS, RANDALL	
STREET ADDRESS	APT 5 OAKDALE GARDEN APT	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, ELLEN	
STREET ADDRESS	825 QUEBEC AVE	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYNKINS, BARBARA	
STREET ADDRESS	318 OLYMPIA CT., A-22	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 **Barbara Boykins**

5/29/98

CF2E037 (10/97)