

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
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.

City & State

23 Defunick Springs

Zip

24 32433

Country

25 Walton

2a. Mailing Address

26 318 Olympia CT

Suite, Apt. #, etc.

City & State

28 Ft. Walton. Bch, Fla

Zip

29 32548

Country

30 FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

APR 127, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME THOMPSON, CLAUDE

STREET ADDRESS 3 BURDICK AVE

CITY-ST-ZIP DEFUNIAK SPGS FL

TITLE PD ☐ DELETE

NAME PARSONS, BARBARA

STREET ADDRESS 203 N 1ST ST

CITY-ST-ZIP DEFUNIAK SPGS FL

TITLE D ☐ DELETE

NAME HOGANS, RANDALL

STREET ADDRESS APT 5 OAKDALE GARDEN APT

CITY-ST-ZIP DEFUNIAK SPGS FL

TITLE D ☐ DELETE

NAME LIVINGSTON, ELLEN

STREET ADDRESS 825 QUEBEC AVE

CITY-ST-ZIP DEFUNIAK SPGS FL

TITLE PD ☐ DELETE

NAME BOYNKINS, BARBARA

STREET ADDRESS 318 OLYMPIA CT., A-22

CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

CP2E037 (10/97)