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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90144 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35976

1. Corporation Name
DELIVERANCE MIRACLE TEMPLE, INC.

Principal Place of Business 103 DORSEY AVE. DEFUNIAK SPRINGS FL 32433 US	Mailing Address 318 OLYMPIA CT 22 FT WALTON BCH FL 32548
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2. Principal Place of Business 21 <u>103 Dorsey Ave</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>318 Olympia CT</u> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 01/04/1990
23 <u>Defuniak Springs, Fla</u> City & State Zip <u>32433</u> Country	28 <u>Ft. Walton Beach, Fla</u> City & State Zip <u>32547</u> Country <u>oklahoma</u>	4. FEI Number 59-3020132 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BOYNKINS, BARBARA
 318 OLYMPIA CT
 FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 DATE April 26, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CLAUDE	
STREET ADDRESS	3 BURDICK AVE	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, BARBARA	
STREET ADDRESS	203 N 1ST ST	
CITY-ST-ZIP	DEFUNIAK SPGS FL	
TITLE	D	<input checked="" 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	525 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		

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	mozell wilson
3.4 CITY-ST-ZIP	Alice Drive Defuniak Springs, Fla
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, with all other like empowered.

SIGNATURE: Barbara Boykins DATE April 26, 1999 (850) 864-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)