


FILE NOW: FILING FEE IS \$61.25

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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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 103 Dorsey Ave	26 318 Olympia CT	01/04/1990
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		59-3020132
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>
Defuniak Springs, Fla	Fort Walton Beach, Fla	\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing
32433	32547	Trust Fund Contribution <input type="checkbox"/>
25 Country	30 Country	\$5.00 May Be Added to Fees
USA	USA	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE April 26, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CLAUDE	1.2 NAME	
STREET ADDRESS	3 BURDICK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGANS, RANDALL	3.2 NAME	Secretary
STREET ADDRESS	APT 5 OAKDALE GARDEN APT	3.3 STREET ADDRESS	mozell wilson
CITY-ST-ZIP	DEFUNIAK SPGS FL	3.4 CITY-ST-ZIP	Atize Drive
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	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNKINS, BARBARA	5.2 NAME	
STREET ADDRESS	318 OLYMPIA CT, A-22	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	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	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 26, 1999 (850) 864-4299

Date

Daytime Phone #

CR2E037 (1/98)