

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996  
 AMOUNT DUE ON OR BEFORE 6/30/96: \$186 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortgarn,  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 3: 54

REINSTATEMENT 15-916

DOCUMENT # N44974 (6)

1. Corporation Name  
 ONE WAY DELIVERANCE GOSPEL MISSION INC.

Principal Place of Business Mailing Address  
 2917 WEST BROWARD BLVD. FT. LAUDERDALE FL 33312  
 2917 WEST BROWARD BLVD. FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1991 3a. Date of Last Report 05/01/1994  
 4. FEI Number 65-0287873 Applied For Not Applicable  
 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  FILING FEE IS \$81.25  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 5126 W. Pembroke Rd. 26 5126 W. Pembroke Rd.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Holly wood Fla 27 Holly wood Fla.  
 City & State City & State  
 23  
 24 Zip 33020 Country Broward 28 Zip 33020 30 Country Broward

9. Name and Address of Current Registered Agent  
 RHODES, ELDER HOLLIS  
 818 S.W. 4TH STREET  
 #2  
 FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent  
 81 Name Joe Lewis Edwards  
 82 Street Address (P.O. Box Number is Not Acceptable) 2164 N.W. 55 way  
 83 Landershill Fla  
 84 City  
 85 Zip Code FL 33313

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 Joe Lewis Edwards / Joe Lewis Edwards (ST) Hollis Rhodes / Hollis Rhodes  
 Signature, typed or printed name of registered agent, and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE D  
 NAME HAYES, LOUIS O. (BISHOP)  
 STREET ADDRESS 2041 N.W. 43RD TERRACE  
 CITY-ST-ZIP LAUDERHILL, FL 33311  
 TITLE T  
 NAME MCCLENDON, WILLIAM M.  
 STREET ADDRESS 3485 N.W. 25TH ST.  
 CITY-ST-ZIP FT. LAUDERDALE FL  
 TITLE ST  
 NAME HAYES, KATHY MRS.  
 STREET ADDRESS 2200 N.W. 9TH ST. BLDG #3  
 CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE D  
 1.2 NAME Hayes, Louis O. (Bishop)  
 1.3 STREET ADDRESS 540 N.W. 4TH Ave #2505  
 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33311  
 2.1 TITLE  
 2.2 NAME 300002014653-3  
 2.3 STREET ADDRESS -11/26/96--01117--005  
 2.4 CITY-ST-ZIP \*\*\*\*\*297.50 \*\*\*\*\*297.50  
 3.1 TITLE ST  
 3.2 NAME Edwards, Joe Lewis  
 3.3 STREET ADDRESS 2164 N.W. 55th way  
 3.4 CITY-ST-ZIP Landershill, FL 33313  
 4.1 TITLE  
 4.2 NAME 300002014653-3  
 4.3 STREET ADDRESS -11/26/96--01117--004  
 4.4 CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75  
 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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: Joe Lewis Edwards / Joe Lewis Edwards 11-4-96 954-731-1658  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/95)