


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90053 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46328**

1. Corporation Name  
**TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.**

Principal Place of Business 512 S.W. 4 ST HOMESTEAD FL 33090	Mailing Address PO BOX 1245 HOMESTEAD FL 33090
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/05/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0280535 Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired - <input type="checkbox"/> -- <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCOY, LOUISE 512 SW 4TH ST. HOMESTEAD FL 33030		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MCCOY, LOUISE 10755 SW 219 ST. MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS BRUCE, WILLIE 11991 S.W. 270 ST. MIAMI FL 33032	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Epps, Ingram Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME 1503 N.W. 7ct
CITY-ST-ZIP			2.3 STREET ADDRESS Florida City, FL 33034
			2.4 CITY-ST-ZIP
TITLE	DS AMICA, LORETTA 2245 NW 86TH TERR. MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE Green, Laschank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME 2283 NW 86 Terr
STREET ADDRESS			3.3 STREET ADDRESS Miami, FL 33147
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			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: **X** SIGNATURE REQUIRED *Louise McCoy 13-99*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)