


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47491** (8)
1. Corporation Name
GREATER HORIZON DELIVERANCE MINISTRIES, INC.



Principal Place of Business 621 18TH ST. ORLANDO FL 32811	Mailing Address 621 18TH ST. ORLANDO FL 32811
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3. Date Incorporated or Qualified 02/21/1992	
4. FEI Number 59-3115009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent DUMAS, ELDER ZEOLA 621 18TH ST. ORLANDO FL 32805	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	C DUMAS, ALVIN
STREET ADDRESS	621 18TH ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TR DUMES, ALVIN
STREET ADDRESS	P O BOX 568782 N/A
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MD JAMES, INEZ
STREET ADDRESS	4121 KALWIT LA
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	<input type="checkbox"/> DELETE
NAME	T KENDRICK, JACKSON
STREET ADDRESS	4900 S RIO GRAND AVE #23A
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	Tr Fredricka Brutus
1.2 NAME	P.O. Box 555600
1.3 STREET ADDRESS	Orlando FL 32855 N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	Tr Angela Davis
2.2 NAME	919 Mitchell Drive
2.3 STREET ADDRESS	Orlando, FL 32805
2.4 CITY-ST-ZIP	
3.1 TITLE	S Elonda Elmore
3.2 NAME	5035 Elese St
3.3 STREET ADDRESS	Orlando FL 32811
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: **Fredricka Brutus** 4-6-98 407-843-3518

CR2E037 (10/97)