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Secretary of State

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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 # N47491

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3115009	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

DUMAS, ELDER ZEOLA
 621 18TH ST.
 ORLANDO FL 32805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DUMAS, ALVIN	1.2 NAME	
STREET ADDRESS	621 18TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	T. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUTUS, FREDRICKA	2.2 NAME	Brutus Fredricka
STREET ADDRESS	P O BOX 555600 N/A	2.3 STREET ADDRESS	832, 18th St
CITY-ST-ZIP	ORLANDO FL 32855	2.4 CITY-ST-ZIP	Orl, FL 32805
TITLE	T. ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ANGELA	3.2 NAME	
STREET ADDRESS	919 MITCHELL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	
TITLE	T. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, JACKSON	4.2 NAME	
STREET ADDRESS	4900 S RIO GRAND AVE #23A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	
TITLE	S. ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, ELONDA	5.2 NAME	Elonda Elmore
STREET ADDRESS	5035 ELESE ST	5.3 STREET ADDRESS	5035 Elese St
CITY-ST-ZIP	ORLANDO FL 32811	5.4 CITY-ST-ZIP	Orl, FL 32811
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-98 407-872 0307

Date

Daytime Phone #

CR2E037-11/98