

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N51456**

1. Corporation Name
**CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE
 PENTECOSTAL CHURCH, INC.**

Principal Place of Business: 3110 NW 166TH ST, MIAMI FL 33054, US
 Mailing Address: 440 NW 90TH ST, MIAMI FL 33150, US

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 590941 - 90004 - 47



| | | |
|--|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 10/21/1992 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0365768 |
| 24 Country | 29 Country | Applied For |
| | 30 Country | <input checked="" type="checkbox"/> Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired |
| TUMBLING, SANDRA 440 NW 90 ST MIAMI FL 33150 | | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution |

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| TUMBLING, SANDRA 440 NW 90 ST MIAMI FL 33150 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

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 | PD GORE, MARTHA 3110 NW 166 ST MIAMI FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | SD TUMBLING, SANDRA 440 NW 90 ST MIAMI FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | TD MARION, JEFFREY 2330 YORK ST OPA LOCKA FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | TO Robert Harris |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3110 NW 166 St. Miami, FL |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DPVP TUMBLING, TIMOTHY 440 NW. 90TH ST. MIAMI FL | 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 | | 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 | | 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: _____ SIGNATURE REQUIRED
 7/20/99 (305) 995-7819
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)