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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000419 (3)

1. Corporation Name

THE NEW COVENANT DELIVERANCE OUTREACH, INC.



Principal Place of Business

Mailing Address

2140 4TH STREET
FORT LAUDERDALE FL 33311

% LUCILLE GORDON
3490 NW 28TH COURT
LAUDERDALE LAKES FL 33311-1835

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
05/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

ORR, LIVINGSTON PASTOR
1441 NW 1ST AVENUE
FORT LAUDERDALE FL 33311

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0315515

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME ORR, LIVINGSTON
STREET ADDRESS 1441 NW 1ST AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE D DELETE

NAME ORR, SAMUEL
STREET ADDRESS 871 NW 213 TERRACE, #103
CITY-ST-ZIP MIAMI FL 33169

TITLE D DELETE

NAME THOMAS, ELVIS
STREET ADDRESS 101 KENTURKY AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE SD DELETE

NAME GORDON, LUCILLE
STREET ADDRESS 3490 NW 28TH COURT
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE T DELETE

NAME THOMAS, HENETTA
STREET ADDRESS 101 KENTUCKY AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D DELETE

NAME BROWN, TYRONE
STREET ADDRESS 1980 NW 46TH AVENUE, #337
CITY-ST-ZIP LAUDERHILL FL 33313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Tony Orr
1844 S.W. 43 AVE
Ft. Lauderdale FL 33317

14. I do 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:

Livingston Orr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/97

Daytime Phone # 0034648

CR2E037 (9/96)