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NONPROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # N92000000419

1. Corporation Name

THE NEW COVENANT DELIVERANCE OUTREACH, INC.

Principal Place of Business

2140 4TH STREET
FORT LAUDERDALE FL 33311

Mailing Address

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



2. Principal Place of Business

21 1700 N.W 8th St

2a. Mailing Address

26 P.O. Box 1779

3. Date Incorporated or Qualified

11/19/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0315515

Applied For
 Not Applicable

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33311

Country

25 Broward

Zip

29 33302

Country

30 Broward

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE T
NAME BRENNEN, MARY
STREET ADDRESS 110 KENTUCKY AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Pastor Livingston Orr Jr.

3/16/99

954-739-7856 (#)

954-503-3265 W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)