FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

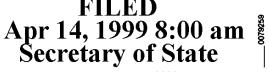
DOCUMENT # N9300003264

1. Corporation Name

MERCY AND GRACE DELIVERANCE TEMPLE, INC.

Principal Place of Business								
233 W. BURNETTE AVE.								
FT. WALTON BEACH FL 32548								

Mailing Address



04-14-1999 90230 029 ****61.25



	ON BEACH FL 32548 EXAMPLE 11E AVE. 233 W. BURNET IE AVE. FT. WALTON BEACH FL 32548 US										
2. Principal P	Place of Business 2a. Mailing Address					1	corporated or Qualifed				
21	26						1/1993				
Suite, Apt.							4. FEI Number 59-3207142		Applied For		
22	27 City & State				39 3201 142		107 142			Applicable	
City & Stat	6				- 5. Certifos	rtifcate of Status Desired \$8.75 Additional Fee Required			quired		
Zip	Country Zip			Country	. Libertain Sumpaign I mailtaing				\$5.00 May Be		
24	25 29 30				Trust Fund Contribution Added						
	9. Name and Address of Currer	nt Registered Agent		94	A 1	10. Name	and Address of New	Registered A	jent		
				81	Name						
GAINER, ALEE 233 W. BURNETTE AVE					Street A	Street Address (P.O. Box Number is Not Acceptable)					
FT. WALTON BEACH FL 32548											
				84	City			FL	85 Zip C	ode	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such cha itions of, Section 617	nge was author 7.0503, Florida \$	nzed by Statutes	tne corpo	corporation submit pration's board of control of contro	is this statement for the firectors. I hereby acce	purpose of cr	ment as reg	istered	
12.	Signature, typed or printed name of registered ager	ID DIRECTORS		13.	signature re		NS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D OFFICERS AN			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	Addition	
NAME	GAINER, ALEE	_	•	1.2 NAME					-	_	
STREET ADDRESS	AAA III BUBUETTE ALE		1	1.3 STREET	ADDRESS						
	FT. WALTON BCH. FL			1.4 CITY-ST	- 1						
CITY-ST-ZIP	T T TALFOR BOIL TE			2.1 TRLE	-21	T			Change	☐ Addition	
NAME	_			2.2 NAME	Į.	McDaniel, Millie 703 McDonald Street					
STREET ADDRESS	400 ATH 415 AND			2.3 STREET	ADDRESS	703 MC Ó	onald Stree	Ł			
CITY-ST-ZIP	FT. WALTON BCH. FL			2. 4 CITY-S			1, FL 32531				
TITLE	T _ ~			3.1 TITLE		7		<u></u>	Change	Addition	
NAME	LANE, HURLBERT	•	1:	3.2 NAME	- 1	case, He	urlbort	i	/ ·		
STREET ADDRESS	40 4 O40F DD			3.3 STREET	ADDRESS	35 Range	street				
CITY-ST-ZIP	FT WALTON BCH. FL		:	3.4. CITY-S	T-ZIP	A. Walto	Street Beach FL	32548	5		
TITLE			DELETE 4	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS	,			4.3 STREET	ADDRESS						
CITY-ST-ZIP		·		4.4 CITY-S	r-ZIP						
TITLE			DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME				÷			
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP		·	•			
TITLE				6.1 TITLE	\neg				Change	☐ Addition	
NAME			(6.2 NAME	-						
STREET ADDRESS			•	6.3 STREET	ADDRESS						
CITY-ST-ZIP				6.4 CITY-ST	r-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