

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:12

DOCUMENT # N93000003900 (8)

1. Corporation Name

THE GOSPEL OF LIFE DELIVERANCE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1340
GAINESVILLE FL 32602

POST OFFICE BOX 1340
GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1993
3a. Date of Last Report 04/27/1994

4. FEI Number 59-2978778
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ZIP

Country

28 ZIP

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, ISAAC J
5328 NORTHWEST 94TH WAY
GAINESVILLE FL 32608

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600 NW 97th TERR

84 City GAINESVILLE FL 85 Zip Code 32607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOHNSON, CHARMAINE R
STREET ADDRESS POST OFFICE BOX 1340 N/A
CITY - ST - ZIP GAINESVILLE FL 32602

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME MILES, ISAAC J
STREET ADDRESS POST OFFICE BOX 1340 N/A
CITY - ST - ZIP GAINESVILLE FL 32602

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME MYLES, BRIGETTE
STREET ADDRESS POST OFFICE BOX 1340 N/A
CITY - ST - ZIP GAINESVILLE FL 32602

31 TITLE Change Addition
32 NAME ~~CHARMAINE R~~ NICOLA R BATES
33 STREET ADDRESS POST OFFICE BOX 1340 N/A
34 CITY - ST - ZIP GAINESVILLE FL 32602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: CHARMAINE JOHNSON

5-28-95 904-332-2437
Date (Day/Mo/Yr) Phone #