

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000000099 (1)**

1. Corporation Name

HEALING AND DELIVERANCE OUTREACH MINISTRIES, INC



Principal Place of Business

Mailing Address

720 DELAWARE AVE.
SUITE F
FT. PIERCE FL 34950

720 DELAWARE AVE.
SUITE F
FT. PIERCE FL 34950

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
08/03/1995

21 2. Principal Place of Business
4931 Oleander Ave.

2a. Mailing Address
4931 Oleander Ave.

4. FEI Number
65-0466506

22 Suite, Apt. #, etc.
FT. Pierce, FL

27 Suite, Apt. #, etc.
FT. Pierce, FL

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

23 City & State
FT. Pierce, FL

28 City & State
FT. Pierce, FL

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

24 Zip
34982

29 Zip
34982

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

9. Name and Address of Current Registered Agent
**MCMURRAY, NATHAN
6550 E. 87TH ST.
WABASSO FL 32970**

10. Name and Address of New Registered Agent
81 Name **MC MURRAY, NATHAN**
82 Street Address (P.O. Box Number is Not Acceptable) **1918 N. 51st Street**
83 **Fort Pierce**
84 City **FL** 85 Zip Code **34947**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, EUGENE	1.2 NAME	
STREET ADDRESS	2702 ESSEX CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, SHIRLEY	2.2 NAME	Richardson, Annette
STREET ADDRESS	819 NW 3RD ST., APT. 6	2.3 STREET ADDRESS	805 N. 21 Street
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34947
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, RUTH	3.2 NAME	Smith, Glenda
STREET ADDRESS	1539 NW 3RD ST., BLDG. 54, APT. 1	3.3 STREET ADDRESS	702 N. 17th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34947
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, WILLIE	4.2 NAME	Smith, DORA MAE
STREET ADDRESS	645 NW 14TH TERRACE	4.3 STREET ADDRESS	2220 N. 47th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34947
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOBLEY, KATHERINE	5.2 NAME	MC MURRAY, FRASQUITA
STREET ADDRESS	3001 AVENUE L	5.3 STREET ADDRESS	1918 N. 51st Street
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Ft. Pierce, FL 34947
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nathan Mc Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-96
Date Daytime Phone #

CR2E037 (12/95)