

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 # N94000000319 (3)

1. Corporation Name

THE EVANGELISTIC DELIVERANCE INTERNATIONAL MINIS
TRY, INC.



Principal Place of Business

P.O BOX 490138
FT. LAUDERDALE FL 33349

Mailing Address

P.O BOX 490138
FT. LAUDERDALE FL 33349

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, BILLY
2710 SOMERSET DR.
FT. LAUDERDALE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD
NAME RICE, BILLY
STREET ADDRESS 2710 SOMERSET DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33310

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

TITLE VD
NAME RICE, RUBY
STREET ADDRESS 2710 SOMERSET DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33310

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

TITLE SD
NAME DUCKWORTH, SALLY
STREET ADDRESS 2408 NW 27 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE T
NAME BILLIE, CHESTENE
STREET ADDRESS 3500 NW 3RD ST
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D
NAME BETHEL, RICK
STREET ADDRESS 530 CAROLINA AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE D
NAME THOMPSON, MATTHEW
STREET ADDRESS 2520 NW 27 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

61 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)