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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000000319 (3)

1. Corporation Name

THE EVANGELISTIC DELIVERANCE INTERNATIONAL MINIS  
TRY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 490138  
FT. LAUDERDALE FL 33349

P.O. BOX 490138  
FT. LAUDERDALE FL 33349

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0356349

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

25 Country

28 Zip

30 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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

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 12

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

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

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

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

TITLE D  
NAME BETHEL, RICK  
STREET ADDRESS 630 CAROLINA AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE: RUBY RICE

3-10-98 954-731-2580

CP2E037 (10/97)