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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000319

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/24/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0356349

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 12

TITLE **PD** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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:

Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-99
Date

Daytime Phone #

CR2E037 (11/98)