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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1996 DOCUMENT # N9400000531 (3) 1. Corporation Name

GREAT REUNION DELIVERANCE HOLINESS CHURCH, INC.

incipal Place of Business HS-N.W. 119TH STREET-//40 N.W. /27 St. HAMI FL. 33/68	Mailing Address 8 <del>15 N.W. 1197H STR</del> MIAMI FL、3 <i>S16</i> (	EET 1140 N. W. 1275t. 8	3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · · ·	26		65-0527578	Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	27 Ch. 8 Chate		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
25	29	30	Florida Statutes	Yes No
9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
HUDSON, NORMA J. E 14520 N.E. 4TH AVENUE MIAMI FL			ess (P.O. Box Number is Not Acceptable	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Sect</li> </ol>	na. Such chance was auur	TIME OF THE COLDINATION 3 DOG.	a or allectors. Thereby accept the appr	Service of Addition of Addition to
GNATURE Signature, typed or printed name of registered agent	and the if applicable	(NOTE: Registered Agent signature required	d when reinstahrig!	DATE
GNATURE Signature, typed or printed name of registored agent 2. OFFICERS AN	and the if applicable D DIRECTORS	(NOTE: Pargistered Agent signature required	d when reinstating! ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
Signature: typed or printed name of registered agent  2. OFFICERS AN  TILE PD  STINSON, V. E  TREET ADDRESS 1140 NW 127 ST.	and the if applicable	INOTE: Registered Agent signature required  13.  11 TITLE  12 NAME  1.3 STREET ADDRESS	d when renstating! ADDITIONS/CHANGES TO OFFI	
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 96 (106) 624-5394