

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of StateDOCUMENT # **N94000000531 (3)**

1. Corporation Name

GREAT REUNION DELIVERANCE HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

1140 NW 127 ST
MIAMI FL 33168
US1140 NW 127TH ST
MIAMI FL 33168-6523
US3. Date Incorporated or Qualified
02/03/19943a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0527578

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• HUDSON, NORMA J. E
14520 N.E. 4TH AVENUE
MIAMI 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 STINSON, V. E
STREET ADDRESS 1140 NW 127 ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE1.1 TITLE **SEC.**
1.2 NAME **WHITTAKER, GERALDINE B.**
1.3 STREET ADDRESS **13580 NW 4TH PLACE**
1.4 CITY-ST-ZIP **MIAMI, FL 33168** ☐ Change ☒ AdditionTITLE V
NAME DUPREE, CLARETHA
STREET ADDRESS 20601 N.W. 24TH COURT
CITY-ST-ZIP MIAMI FL 33056 ☐ DELETE2.1 TITLE **Fin. Sec.**
2.2 NAME **Diana Mae Blockshear**
2.3 STREET ADDRESS **1065 NW 114th St.**
2.4 CITY-ST-ZIP **Miami, FL 33168** ☐ Change ☒ AdditionTITLE D
NAME HENRY, JIMMY
STREET ADDRESS 758 NW 108TH STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE3.1 TITLE **D**
3.2 NAME **Raymond J. Whittaker**
3.3 STREET ADDRESS **10580 N.W. 4th Pl.**
3.4 CITY-ST-ZIP **Miami FL 33168** ☐ Change ☒ AdditionTITLE D
NAME BRERETON, BOBBY
STREET ADDRESS 1065 NW 114TH STREET
CITY-ST-ZIP MIAMI FL ☒ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 January 97

305-624-5394
Daytime Phone # 0032258

CP2E037 (9/96)