FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001849 (8)

1. Corporation Name
THE JESUS CHRIST DELIVERANCE MINISTRIES, INCORPO RATED

Principal Place of Business
2861 N.W. 19TH ST.
FT LAUDERDALE FL 33311

Mailing Address
2861 N.W. 19TH ST.
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0416986 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has MEMBERS, [illegible] Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 The Jesus Christ Deliverance Min
27 Suite, Apt. # etc. P.O. 16293
28 City & State Plantation
29 Zip 33318-6293 30 Country Broward

9. Name and Address of Current Registered Agent
CLAIR, MARY
2861 N.W. 19TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary Clair Vice President Mary Clair 5/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	☐ Change ☐ Addition
NAME	CLAIR, MISHEL	
STREET ADDRESS	2861 N.W. 19TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	V	☐ Change ☐ Addition
NAME	CLAIR, MARY	
STREET ADDRESS	2861 N.W. 19TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	ST	☐ Change ☐ Addition
NAME	MCKINNEY, ROBERTA	
STREET ADDRESS	3640 N.W. 4TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Change ☐ Addition
NAME	WRIGHT, WILLIE	
STREET ADDRESS	1640 N.W. 27TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33020	
TITLE	D	☐ Change ☐ Addition
NAME	WRIGHT, JERRY	
STREET ADDRESS	2334 RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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: Roberta McKinnie Roberta McKinnie 5/5/95 (305) 584-6895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #