

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N94000001886 (0)**

1. Corporation Name

**THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.**

Principal Place of Business Mailing Address  
**1404 WHITTIER STREET INVERNESS FL 34450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1994** 3a. Date of Last Report  
 4. FEI Number **59-3302841** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **401 Washington Ave.** 26 **401 Washington Ave.**  
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 23 **Inverness, FL** 28 **Inverness, FL**  
 24 **34450** 25 **USA** 29 **34450** 30 **USA**

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  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JACKSON, JOHNNIE**  
**1404 WHITTIER STREET**  
**INVERNESS FL 34450**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 JOHNNIE JACKSON **JOHNNIE JACKSON, TREA.** **6/19/95**  
Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, BONNIE</b>	1.2 NAME	<b>BURTON, RUBY J.</b>
STREET ADDRESS	<b>1404 WHITTIER STREET</b>	1.3 STREET ADDRESS	<b>755 N. Leisure Pt.</b>
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	1.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>V</b>	2.1 TITLE	<b>V/C/M/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, JOHNNIE</b>	2.2 NAME	<b>BURTON, MICHAEL H. SR.</b>
STREET ADDRESS	<b>1404 WHITTIER STREET</b>	2.3 STREET ADDRESS	<b>755 N LEISURE PT.</b>
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	2.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POE, BRIDGETTE</b>	3.2 NAME	<b>ROGERS, ROSE M.</b>
STREET ADDRESS	<b>913 LEROY BELLAMY ROAD</b>	3.3 STREET ADDRESS	<b>7733 SOUTH CHURCH TERRACE</b>
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	3.4 CITY - ST - ZIP	<b>FLORAL CITY, FL 34436</b>
TITLE	<b>T</b>	4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, MARTY D</b>	4.2 NAME	<b>JACKSON, JOHNNIE</b>
STREET ADDRESS	<b>5678 E. TAMGLOLANE</b>	4.3 STREET ADDRESS	<b>1404 WHITTIER ST.</b>
CITY - ST - ZIP	<b>INVERNESS FL 34453</b>	4.4 CITY - ST - ZIP	<b>INVERNESS, FL 34450</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCAHON, NATHAN JR.</b>	5.2 NAME	
STREET ADDRESS	<b>801 LEROY BELLAMY ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>GOOLSBY, SERETHA</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>302 N. SEMINOL AVE.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>INVERNESS, FL 32650</b>

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)(k), 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 J. Burton **RUBY J. BURTON: PRES.** **6/19/95** **904-637-6399**  
Signature typed or printed name of signing officer or director Date (Section 19.032)

CR2E037 (3/95)