

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 25 1996 8:00 am
Secretary of State

DOCUMENT # N94000001886 (0)

1. Corporation Name
THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.



Principal Place of Business: **401 WASHINGTON AVE INVERNESS FL 34450 US**
Mailing Address: **401 WASHINGTON AVE INVERNESS FL 34450 US**

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report: **08/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-3302841	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, JOHNNIE 1404 WHITTIER STREET INVERNESS FL 34450				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 JR.
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, RUBY J	1.2 NAME	
STREET ADDRESS	755 N LEISURE OPT	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	VCMD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, MICHAEL H SR	2.2 NAME	Burton, Michael H Sr
STREET ADDRESS	755 LEISURE PT	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROSE M	3.2 NAME	
STREET ADDRESS	7733 S CHURCH TER4R	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORAL CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JOHNNIE	4.2 NAME	
STREET ADDRESS	1404 WHITTIER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, NATHAN JR.	5.2 NAME	
STREET ADDRESS	801 LEROY BELLAMY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, SERETHA	6.2 NAME	
STREET ADDRESS	302 N SEMINOL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	6.4 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)(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: Michael H. Burton **Michael H. Burton VCMD** 7/15/96 352-344-0947
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)