

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report 07/25/1996
4. FEI Number 59-3302841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

JACKSON, JOHNNIE
1404 WHITTIER STREET
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Johnnie Jackson* (Signature, typed or printed name of registered agent and title if applicable.)
 REGISTERED AGENT SIGNATURE: *JOHNNIE JACKSON* (NOTE: Registered Agent signature required when reinstating.)
 DATE: *8/10/97*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURTON, RUBY J	
STREET ADDRESS	755 N LEISURE OPT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VCMD	<input type="checkbox"/> DELETE
NAME	BURTON, MICHAEL H SR.	
STREET ADDRESS	755 LEISURE PT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROGERS, ROSE M	
STREET ADDRESS	7733 S CHURCH TER4R	
CITY-ST-ZIP	FORAL CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, JOHNNIE	
STREET ADDRESS	1404 WHITTIER ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMAHON, NATHAN JR.	
STREET ADDRESS	801 LEROY BELLAMY ROAD	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOOLSBY, SERETHA	
STREET ADDRESS	302 N SEMINOL AVE	
CITY-ST-ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Johnnie Jackson* (Signature, typed or printed name of registered agent and title if applicable.)
 DATE: *8/10/97*

CF2E037 (4/97)