

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: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000001886 (0)

1. Corporation Name

THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

401 WASHINGTON AVE  
INVERNESS FL 34450  
US

401 WASHINGTON AVE  
INVERNESS FL 34450  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

07/25/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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 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*

(NOTE: Registered Agent signature required when resigning)

*JOHNNIE JACKSON* 8/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
STREET ADDRESS BURTON, RUBY J  
CITY-ST-ZIP 755 N LEISURE OPT  
INVERNESS FL

TITLE ☐ DELETE

NAME VCMD  
STREET ADDRESS BURTON, MICHAEL H SR.  
CITY-ST-ZIP 755 LEISURE PT  
INVERNESS FL

TITLE ☐ DELETE

NAME S  
STREET ADDRESS ROGERS, ROSE M  
CITY-ST-ZIP 7733 S CHURCH TER4R  
FORAL CITY FL

TITLE ☐ DELETE

NAME T  
STREET ADDRESS JACKSON, JOHNNIE  
CITY-ST-ZIP 1404 WHITTIER ST  
INVERNESS FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MCMAHON, NATHAN JR.  
CITY-ST-ZIP 801 LEROY BELLAMY ROAD  
INVERNESS FL 34450

TITLE ☐ DELETE

NAME D  
STREET ADDRESS GOOLSBY, SERETHA  
CITY-ST-ZIP 302 N SEMINOL AVE  
INVERNESS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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* 8/10/97 357344-20117

CF2E037 (4/97)

FILED  
Aug 18 1997 8:00am  
Secretary of State