

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001886**

1. Corporation Name

THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.

Principal Place of Business

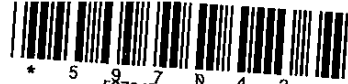
**401 WASHINGTON AVE
INVERNESS FL 34450
US**

Mailing Address

**401 WASHINGTON AVE
INVERNESS FL 34450
US**

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 030 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/18/1994

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-3302841

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 ☐ DELETE

NAME
**P
BURTON, RUBY J
755 N LEISURE OPT
INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**VCMD
BURTON, MICHAEL H SR.
755 LEISURE PT
INVERNESS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**S
ROGERS, ROSE M
7733 S CHURCH TER4R
FORAL CITY FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**T
JACKSON, JOHNNIE
1404 WHITTIER ST
INVERNESS FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MCMAHON, NATHAN JR.
801 LEROY BELLAMY ROAD
INVERNESS FL 34450**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
**D
GOOLSBY, SERETHA
302 N SEMINOL AVE
INVERNESS FL**

6.1 TITLE ☐ Change ☒ Addition

NAME
**Annette Palmer
2107 Parkview Ave.
Leesburg, FL**

14. I 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, with all other like empowered.

SIGNATURE: **Rev. Ruby J. Burton** **7-1-99** **352-344-0947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)