

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).

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

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

**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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/18/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3302841</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JACKSON, JOHNNIE</b> <b>1404 WHITTIER STREET</b> <b>INVERNESS FL 34450</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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* DATE: **7-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BURTON, RUBY J</b>	1.2 NAME	
STREET ADDRESS	<b>755 N LEISURE OPT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VCMD BURTON, MICHAEL H SR.</b>	2.2 NAME	
STREET ADDRESS	<b>755 LEISURE PT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S ROGERS, ROSE M</b>	3.2 NAME	
STREET ADDRESS	<b>7733 S CHURCH TER4R</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORAL CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T JACKSON, JOHNNIE</b>	4.2 NAME	
STREET ADDRESS	<b>1404 WHITTIER ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCMAHON, 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D GOOLSBY, SERETHA</b>	6.2 NAME	
STREET ADDRESS	<b>302 N SEMINOL AVE</b>	6.3 STREET ADDRESS	<b>Dr. Annette Palmer</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>	6.4 CITY-ST-ZIP	<b>2107 Parkview Ave.</b>
			<b>Leesburg, FL</b>

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* DATE: **7-1-99** DAYTIME PHONE #: **352-344-0947**

CR2E037 (5/99)