

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000001939 (7)

1. Corporation Name

LIFE DELIVERANCE MINISTRIES CORPORATION

Principal Place of Business

Mailing Address

3434 BLUEJAY DRIVE
TALLAHASSEE FL 32310

3434 BLUEJAY DRIVE
TALLAHASSEE FL 32310-6902

3. Date Incorporated or Qualified
04/19/1994

3a. Date of Last Report
05/30/1996

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 7616**
Suite, Apt. #, etc

26 Suite, Apt. #, etc.

4. FEI Number
58-3236193

Applied For
Not Applicable

22 City & State

27 City & State

23 **Tallah., FL**

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 **32310** 25 **Leon**

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, LORENZO III
3434 BLUEJAY DRIVE
TALLAHASSEE FL 32310

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000002155730--1

-04/28/97--01001--006

*******70.00 *****70.00**

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 1997

TITLE **VPD** DELETE
NAME **MILLER, EARNEST**
STREET ADDRESS **3734 BLUE WAY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

1.1 TITLE **Deacon (D)** Change Addition
1.2 NAME **Timothy Jones**
1.3 STREET ADDRESS **RT 1 Box 58-A**
1.4 CITY-ST-ZIP **Tallahassee, FL 32336**

TITLE **T** DELETE
NAME **WHITAKER, BRENDA**
STREET ADDRESS **4011 CALLE DE SANTOS**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

2.1 TITLE **Deacon (D), Tallahassee (D/T)** Change Addition
2.2 NAME **Dnyane PRICE**
2.3 STREET ADDRESS **1428 MELVIN ST.**
2.4 CITY-ST-ZIP **TALL., FL 32301**

TITLE **D** DELETE
NAME **HALL, OSCAR**
STREET ADDRESS **3434 BLUE JAY DR**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

3.1 TITLE **Secretary (S)** Change Addition
3.2 NAME **Sharon Arnold**
3.3 STREET ADDRESS **3051 Goodwin DR.**
3.4 CITY-ST-ZIP **Tallah., FL 32311**

TITLE **D** DELETE
NAME **HALL, DARRYL**
STREET ADDRESS **1428 MELVIN ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

4.1 TITLE **Deacon (D)** Change Addition
4.2 NAME **NATHANIEL NICHOLSON**
4.3 STREET ADDRESS **1312 DANIEL ST.**
4.4 CITY-ST-ZIP **TALL., FL 32301**

TITLE **D** DELETE
NAME **WHITAKER, BYRON**
STREET ADDRESS **4011 CALLE DE SANTOS**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

5.1 TITLE **P** Change Addition
5.2 NAME **LORENZO WATKINS**
5.3 STREET ADDRESS **3434 BLUE JAY DR.**
5.4 CITY-ST-ZIP **Tallah., FL 32310**

TITLE **D** DELETE
NAME **BARRINGTON, BERNARD**
STREET ADDRESS **RT 2 BOX 342 CAPITOLD RD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

6.1 TITLE Change Addition
6.2 NAME **MWB**
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: **Lorenzo Watkins** DATE: **4/25/97** (904) 657-5228

CR2E037 (9/96)