


FILE NOW: FILING FEE IS \$61.25

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AND  
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99 MAY 18 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000379

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
			
<b>DOCUMENT # N94000001939</b>			
1. Corporation Name <b>LIFE DELIVERANCE MINISTRIES CORPORATION</b>			
Principal Place of Business P O BOX 7616 TALLAHASSEE FL 32310		Mailing Address 3434 BLUEJAY DR TALLAHASSEE FL 32310-690 2	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/19/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3236193
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/>
24	29	<b>\$8.75</b> Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	30	<b>\$5.00</b> May Be Added to Fees

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)	
		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: *Lorenzo Watkins III* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TIMOTHY	12 NAME	David Alexander
STREET ADDRESS	RT 1, BOX 50-A	13 STREET ADDRESS	1135 W. Mays ST
CITY-ST-ZIP	LAMONT FL 32336	14 CITY-ST-ZIP	Monticello, FL 32344
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, DWAYNE	22 NAME	Bryan Vaughn
STREET ADDRESS	1428 MELVIN ST	23 STREET ADDRESS	9326 Micosukkee Rd.
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	TALL, FL 32308
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, OSCAR	32 NAME	SHARON ARNOLD
STREET ADDRESS	3434 BLUE JAY DR	33 STREET ADDRESS	P.O. Box 7616
CITY-ST-ZIP	TALLAHASSEE FL 32310	34 CITY-ST-ZIP	TALL, FL 32310
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	
NAME	HALL, DARRYL	42 NAME	
STREET ADDRESS	1428 MELVIN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	
NAME	WHITAKER, BYRON	52 NAME	
STREET ADDRESS	4011 CALLE DE SANTOS	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRINGTON, BERNARD	62 NAME	LORENZO WATKINS
STREET ADDRESS	RT 2 BOX 342 CAPITOLD RD	63 STREET ADDRESS	3434 BLUE JAY DR.
CITY-ST-ZIP	TALLAHASSEE FL 32311	64 CITY-ST-ZIP	TALL, FL 32310

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: *Lorenzo Watkins III* DATE: 5/18/99 991-4261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)