FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003737 (3)

1. Corporation Name

UPON THIS ROCK I WILL BUILD MY CHURCH OUTREACH D ELIVERANCE INT'L MINISTRIES INC.

Principal Place of Business	Mailing Address
1286 NW 53RD ST MIAMI FL 33142	1286 NW 53RD ST MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0513865 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2155 n.w 93 St.	2a. Mailing Address 26 1286 n.w. 53 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Fla	City & State 28 Miami Fla.
Zip / Country 24 33147 25 Dade	Zip / Country 29 33142 30 Dade

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
BROWN, PAMELA 1286 NW 53RD ST MIAMI FL 33142	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE		☐ Change ☐ Addition
NAME	BROWN, PAMELA	12 NAME		
STREET ADDRESS	1286 NW 53RD ST	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	V/S/D	☒ Change ☐ Addition
NAME	BROWN, RICHARD K	22 NAME	Richard K Brown	
STREET ADDRESS	1286 NW 53RD ST	23 STREET ADDRESS	1286 nw 53 st	
CITY-ST-ZIP	MIAMI FL 33142	24 CITY-ST-ZIP	Miami Fla. 33142	
TITLE	S	31 TITLE	T/D	☒ Change ☐ Addition
NAME	WALKER, SHERRIA	32 NAME	Sherria Walker	
STREET ADDRESS	1286 NW 53RD ST	33 STREET ADDRESS	1286 nw 53 st	
CITY-ST-ZIP	MIAMI FL 33142	34 CITY-ST-ZIP	Miami Fla. 33142	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pamela Brown President 3/22/1995 (305)691-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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