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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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
2155 NW 93 ST MIAMI FL 33147 US	1286 N.W 53RD ST MIAMI FL 33142-3850 US

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 7620 NW 22 Ave.
Suite, Apt. #, etc.
22
City & State
23 Miami Fla.
24 Zip 33147 25 Country Dade

2a. Mailing Address
26 7943 N.W. 14 Th CT
Suite, Apt. #, etc.
27
City & State
28 Miami Fla
29 Zip 33147 30 Country Dade

4. FEI Number: 65-0513865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

BROWN, PAMELA
1286 NW 53RD ST
MIAMI FL 33142

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BROWN, PAMELA		1.2 NAME	Pamela Brown	
STREET ADDRESS	1286 NW 53RD ST		1.3 STREET ADDRESS	7943 nw 14 TH CT	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP	Miami Fla 33147	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	BROWN, RICHARD K		2.2 NAME	Brown Richard K	
STREET ADDRESS	1286 NW 53RD ST		2.3 STREET ADDRESS	7943 nw. 14 TH CT	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Fla 33147	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, SHERRIA		3.2 NAME		
STREET ADDRESS	2155 NW 93 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LESLIE		4.2 NAME		
STREET ADDRESS	6276 NW 186 ST. 306		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PATRICIA A JACKSON		5.2 NAME		
STREET ADDRESS	4410 NW 169 TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Pamela Brown 1/13/1997 (305) 691-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029945