FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9400004173 (O)	Ì
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CHRIST	DELIVERANCE CHURCH	of god ministries, I	NC) 1800/01: 110 12/1/ 208/1 88/1/ 81/1/	
Principal Place	of Business	Mailing Address			<u> </u>
3055 NW 76TH MIAMI FL 3314		2959 NW 156TH ST MIAMI FL 33054		•	65-0520033
				 Date incorporated or Qualified 08/25/1994 	3a. Date of Last Report 06/20/1995
2. Principal Pla	as at Rusinass	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Pia 21	ce of Edalitiess	26		APPLIED EOR 65	-0520033 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Clatos Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Auded to rees
Zip	Country	Ζφ 29	Country 30	This corporation has liability for the Florida Statutes	Intangible tax under \$199.032,
24	9. Name and Address of Curre		30	10. Name and Address of New R	
	g, Hame and Addios of Carte	The state of the s	81 Name		
DODEDTO	C AADON LI CD		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
	S, AARON H SR / 158TH ST		62 Sifeet A	CRITESS IF .C. BOX NOTIBEL IS NOT PEOPLE	
MIAM! FL			83		
Mill dell 1 C	. 55051		84 City		85 Zip Code
					FL
or registere familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	nda. Such change was authorized tion 617.0503, Florida Statutes.	by the corporation s t	poration submits this statement for the pu poard of directors. I hereby accept the app	Onlinent as registered agent, i am
	Signature typed or printed name of registered ager		Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		Change Cadition
TILLE	DODCOTO AADON H CD	Dottere	12 NAME	Curtis -lowers	DERECONTING
NAME execut apopece	ROBERTS, AARON H SR 2959 NW 156TH ST		13 STREET ADDRESS	775 N.W. 1784	Terr.
STREET ADDRESS	MIAMI FL 33054-2225		1.4 CITY-ST-ZIP	Miami 7L 331	167
CITY-ST-ZIP TIFLE	DS	DELETE	2 1 TITLE		[] A [] Marginian
NAME	HALL, MARY P	_	2 2 NAME	Lula Mac Rober	
STREET ADDRESS	2440 NW 168TH ST		2 3 STREET ADDRESS	6840 N. W. 124	
CITY - ST - ZIP	MIAMI FL 33056		2 4 CITY-ST-ZIP	Miani, FL 3	3150
TITLE	DT	DELETE	31 TITLE		Change Addition
NAME	ROBERTS, ALICE M		3.2 NAME		
STREET ADDRESS	2959 NW 156TH ST		3 3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33054-2225		34 CITY-ST-ZIP		
TITLE	TAT	DELETE	4.1 TITLE		Change Addition
NAME	THORNTON, ANNIE M		4 2 NAME		
STREET ADDRESS	1350 NW 59TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	Posters	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5 1 TITLE		
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY - ST - ZIP		DELETE	5 4 CITY - ST - ZIP		Change Addition
TITLE			61 TITLE		7
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	Leadify that the information cumpling	d with this filing is voluntarily furni-	6 4 CITY-ST-ZIP	alify for the exemption stated in Section 119	9.07(3)(k), Florida Statutes, I further

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-94 305-836-7815
Date Daytine Prone