

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**Sep 03 1997 8:00am**  
**Secretary of State**

**DOCUMENT # N94000005376 (8)**

1. Corporation Name

**FAITH FELLOWSHIP DELIVERANCE CENTER, INC.**



Principal Place of Business      Mailing Address  
**636 FIRWOOD COURT**      **636 FIRWOOD COURT**  
**ALTAMONTE SPRINGS FL 32714**      **ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/31/1994**      **08/08/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-3281319</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	Trust Fund Contribution	
<b>23</b>	<b>28</b>	8. This corporation owes or has paid the current year Intangible	
Zip	Zip	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**OWENS, THERESA V**  
**636 FIRWOOD COURT**  
**ALTAMONTE SPRINGS FL 32714**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OWENS, RUFUS L</b>	1.2 NAME	<b>Jackson, Sharon Y.</b>
STREET ADDRESS	<b>636 FIRWOOD COURT</b>	1.3 STREET ADDRESS	<b>14510 SW 105 Avenue</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OWENS, THERESA V</b>	2.2 NAME	<b>Weathers, Nathaniel</b>
STREET ADDRESS	<b>636 FIRWOOD COURT</b>	2.3 STREET ADDRESS	<b>201 Cadillac Court</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OWENS, MICHAEL T</b>	3.2 NAME	<b>Beacham, Drayon</b>
STREET ADDRESS	<b>636 FIRWOOD COURT</b>	3.3 STREET ADDRESS	<b>6252 Brookhill Circle</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32810</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Davis, Paulette</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4516 San Sebastian Circle</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, FL 32808-5023</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **V. Owens** 8/27/97 407 682 0662

CR2E037 (4/97)