

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 # N95000002019 (6)

1. Corporation Name

NAZARETH HOLINESS CHURCH OF DELIVERANCE, INCORPORATED



Principal Place of Business

19115 N.W. 12TH COURT
MIAMI FL 33169

Mailing Address

19115 N.W. 12TH COURT
MIAMI FL 33169

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, EUSTACE
19115 N.W. 12TH COURT
MIAMI FL 33169

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CAMPBELL, EUSTACE

1.2 NAME

STREET ADDRESS 19115 N.W. 12TH COURT

1.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33169

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CAMPBELL, ADELLA

2.2 NAME

STREET ADDRESS 19115 N.W. 12TH COURT

2.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33169

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MONTGOMERY, SONIA

3.2 NAME

STREET ADDRESS 17510 N.W. 9TH PLACE

3.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33169

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME PETRINA ROACHE

4.2 NAME

STREET ADDRESS 1325 N.W. 125TH ST.

4.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33167

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ELLIS, LLOYD

5.2 NAME

STREET ADDRESS 2950 SW. 11TH ST.

5.3 STREET ADDRESS

CITY-ST-ZIP FT. LAUDERDALE FL 33312

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME LAWRENCE, RUPERCIA

6.2 NAME

STREET ADDRESS 1848 N.W. 84TH ST.

6.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 33147

6.4 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)(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: EUSTACE CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/1996 (305) 652-9325

Date

Daytime Phone #

CR2E037 (12/95)