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 #	N95000003001	(3)
------------	--------------	-----

LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES,

INC. Mailing Address Principal Place of Business 16331 N.W. 37TH PLACE 16331 N.W. 37TH PLACE OPA-LOCKA FL 33054 OPA-LOCKA FL 33054 3a. Date of Last Report 3. Date Incorporated or Qualified 06/21/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. N 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BENJAMIN, CYNTHIA 16331 N.W. 37TH PLACE R3 OPA-LOCKA FL 33054 Zip Code 85 84 City 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) (12/95)Signature, typed or printed name of registrates agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition 12. Change DELETE 1 1 TITLE PD TITLE CR2E037 1.2 NAME DAWKINS, JAMES W SR NAME 1.3 STREET ADDRESS 1630 NW 153RD STREET STREET ADDRESS 1.4 CITY - ST - ZIP OPA-LOCKA FL 33054 Change Addition CITY - ST - ZIP DELETE 21 TITLE SD TITLE 2.2 NAME WILLIAMS, DEBORAH NAME 2.3 STREET ADDRESS 12595 NW 16TH AVENUE STREET ADDRESS NORTH MIAMI FL 33167 2 4 CITY-ST-ZIP Addition CITY - ST - ZIP Change DELETE 3 1 TITLE TITLE TD 32 NAME DAWKINS, JANICE NAME 3.3 STREET ADDRESS 1630 NW 153RD STREET STREET ADDRESS 34 CiTY-ST-ZiP OPA-LOCKA FL 33054 Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME BENJAMIN, CYNTHIA NAME 4.3 STREFT ADDRESS 16331 NW 37TH PLACE STREET ADDRESS 4.4 CITY-ST-ZIP OPA-LOCKA FL 33054 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP ■ Addition CITY - ST - ZIP Change DELETÉ 61 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 CHTY - 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.

AME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #