

FILED

Sep 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003001 (3)**  
1. Corporation Name  
**LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES,  
INC.**

Principal Place of Business	Mailing Address
16331 N.W. 37TH PLACE OPA-LOCKA FL 33054	16331 N.W. 37TH PLACE OPA-LOCKA FL 33054

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>06/21/1995</b>	3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>APPLIED FOR 65-0662192</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b>		<b>81</b>	Name
<b>BENJAMIN, CYNTHIA</b> <b>16331 N.W. 37TH PLACE</b> <b>OPA-LOCKA FL 33054</b>		<b>82</b>	Street Address
		<b>83</b>	
		<b>84</b>	City

10. Name and Address of New Registered Agent		
ess (P.O. Box Number is Not Acceptable)		
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.
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	DAWKINS, JAMES W SR		1.2 NAME
STREET ADDRESS	1630 NW 153RD STREET		1.3 STREET ADDRESS
CITY - ST - ZIP	OPA-LOCKA FL 33054		1.4 CITY - ST - ZIP
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	WILLIAMS, DEBORAH		2.2 NAME
STREET ADDRESS	12595 NW 16TH AVENUE		2.3 STREET ADDRESS
CITY - ST - ZIP	NORTH MIAMI FL 33167		2.4 CITY - ST - ZIP
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	DAWKINS, JANICE		3.2 NAME
STREET ADDRESS	1630 NW 153RD STREET		3.3 STREET ADDRESS
CITY - ST - ZIP	OPA-LOCKA FL 33054		3.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	BENJAMIN, CYNTHIA		4.2 NAME
STREET ADDRESS	16331 NW 37TH PLACE		4.3 STREET ADDRESS
CITY - ST - ZIP	OPA-LOCKA FL 33054		4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
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
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD Delancy, Valerie 14240 N.W. 23rd Ct. OPA-10CK9, FL. 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John P. [illegible]* RECEIVED *Debra* 8-21-97

CR2E037 (4/97)