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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500003001

Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90005 033 ****70.00

1. Corporation	n Name				1				
LAST DA	AY DELIVERANCE FOR ALL	PEOPLE MINIST	RIES,	<i>K</i>		3/0233	- 90005 - 33		
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					4	
16331 N.W. 37TH PLACE OPA-LOCKA FL 33054 16331 N.W. 37TH PLACE OPA-LOCKA FL 33054									
Principal Place of Business 2a. Mailing Address			9SS		3.	Date Incorporated or Qualifec	<u>.</u>		$\neg \neg$
21	عقور د ما المنظم	26		<u></u>		06/21/1995	مع ريجدت	حجوشین د در د	
Suite, Apt.	#, etc	Suite, Apt. #,	etc			FEI Number 65-0662192		Not	Applicable
City & Stat	e .	City & State			5.	Certificate of Status Desired	M	\$8.75 At Fee Rec	
23		28	·						<u></u>
Zip	Country	Zip		untry	1	Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
24	9. Name and Address of Curren	t Pagistered Agent	30	T		Name and Address of New	Registered		77 003
	5. Name and Address of Curren	t Registered Agent		81 Name					
DEM (ALAIL	I, CYNTHIA						Anhlai	<u> </u>	
N 5	=			82 Street A	Address (P.	O. Box Number is Not Accept	table)		·].
16331 N.W. 37TH PLACE OPA-LOCKA FL 33054				83				/	
OI A-LOOI	V() E 00004			24 0		<u> </u>		85 Zip C	odo
	· · · · · · · · · · · · · · · · · · ·		'	84 City			FL	85 Zip C	,
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Flori	ia Statutes, the a	above-named	corporation	submits this statement for the	e purpose of	changing its r	egistered
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such chan tions of, Section 617.0	je was autnorize)503, Florida Sta	a by the corpo tutes.	ration's boa	ard of directors, I hereby acce	spr me appon	illilent as reg	istered
SIGNATURE	•				_	<u> </u>			
	Signature, typed or printed name of registered agen		(NOTE: Registere	ed Agent signature re		oinstating) ADDITIONS/CHANGES TO 01	DATE FEICERS AN	D DIRECTOR	3S IN 12
12.	PD OFFICERS AN	ID DIRECTORS		ritle T				Change	Addition
NAME	DAWKINS, JAMES W SR		■ ` .	VAME		• - '			_ ;
STREET ADDRESS	ATOCET		ا ا	STREET ADDRESS	ı	~ a	,		. 1
CITY-ST-ZIP	OPA-LOCKA FL 33054			CITY-ST-ZIP				•	: 1
TITLE	SD	D							
NAME	DELANCY, VALERIE				SD		-	N Change	☐ Addition:
STREET ADDRESS			·	TITLE	SD DELAN	ICY, VALERIE_		Change	☐ Addition
	14240 NW 23RD CT	المتعورة السينجانين والمعجي	22 N	MAME	DELAN	N.W. 154+h ST.		N Change	L Addition
	14240 NW 23RD CT	فكورد استكالين وراجي	22 N	MAME	DELAN	ICY, VALERIE N.W. 154 th ST, OCKA, FL 33054	<i></i>	Change	·· - L
CITY-ST-ZIP		ئىر، سىئىدى. دەس	22 N 23 S 2.40	TITLE NAME STREET ADORESS	DELAN	N.W. 154+h ST.	<i>L</i>	Change	Addition
CITY-ST-ZIP	OPA LOCKA FL TO DAWKINS, JANICE	ئىرى سىۋالىرى دى. Di	22 N 23 S 2.40 ELETE 3.1 T	NAME STREET ADORESS CITY-ST-ZIP	DELAN	N.W. 154+h ST.	<i>f</i>	e	·· - L
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14. I 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, with all other like empowered.

CITY-ST-ZIP