

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

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

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1. Corporation Name

LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES,  
INC.

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

Mailing Address  
16331 N.W. 37TH PLACE  
OPA-LOCKA FL 33054



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0662192

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BENJAMIN, CYNTHIA  
16331 N.W. 37TH PLACE  
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME DAWKINS, JAMES W SR  
STREET ADDRESS 1630 NW 153RD STREET  
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE SD  
NAME DELANCY, VALERIE  
STREET ADDRESS 14240 NW 23RD CT  
CITY-ST-ZIP OPA LOCKA FL

TITLE TD  
NAME DAWKINS, JANICE  
STREET ADDRESS 1630 NW 153RD STREET  
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE D  
NAME BENJAMIN, CYNTHIA  
STREET ADDRESS 16331 NW 37TH PLACE  
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SD  
2.2 NAME DELANCY, VALERIE  
2.3 STREET ADDRESS 1451 N.W. 154th ST.  
2.4 CITY-ST-ZIP OPA-LOCKA, FL 33054

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

Date

305-681-0674

Daytime Phone #

CR2E037 (11/98)