

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90002 029 ****61.25

DOCUMENT # N95000004071

1. Corporation Name

THE FIRST APOSTOLIC DELIVERANCE CHURCH OF JESUS,
INC.

Principal Place of Business

2919 NORTHWEST 19TH STREET
FORT LAUDERDALE FL 33311

Mailing Address

2701 N.W. 21ST STREET
FORT LAUDERDALE FL 33311



2. Principal Place of Business 1 2919 N.W. 19th St Suite, Apt. #, etc. 2 Fort Lauderdale Fla City & State 3 33311 Broward Zip 4 25 Country		2a. Mailing Address 26 2701 N.W. 21st Suite, Apt. #, etc. 27 City & State 28 25 Fort Lauderdale Fla Zip 29 33311 30 Broward Country		3. Date Incorporated or Qualified 08/23/1995	
				4. FEI Number 65-0763411	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent HAYES, EARNESTINE 2701 NW 21 STREET FORT LAUDERDALE FL 33311				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, HENRY	1.2 NAME	
STREET ADDRESS	2126 NW 27 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, FRANK	2.2 NAME	
STREET ADDRESS	2790 N.W. 23RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, EARNESTINE	3.2 NAME	
STREET ADDRESS	2701 N.W. 21ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTICK, RUSSELL	4.2 NAME	
STREET ADDRESS	1412 N.W. 19TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIS	5.2 NAME	
STREET ADDRESS	2862 S W 2 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ESDORN	6.2 NAME	
STREET ADDRESS	1402 2ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	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:

E. EARNESTINE HAYES

7-2-99

954
7330270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)