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FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005328 (8)

1. Corporation Name

TEACHING DELIVERANCE THROUGH THE WORD OF GOD MIN  
ISTRIES, INC.

Principal Place of Business

Mailing Address

1523 THORNHILL CIRCLE  
OVIEDO FL 32765P.O. BOX 196842  
WINTER SPRINGS FL 32719-68423. Date Incorporated or Qualified  
11/08/19953a. Date of Last Report  
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, ALEX JR  
1523 THORNHILL CIRCLE  
OVIEDO FL 32765

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	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, GERTRUDE	
STREET ADDRESS	1523 THORNHILL CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ALEX JR.	
STREET ADDRESS	1523 THORNHILL CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUINONEZ, VICTOR	
STREET ADDRESS	1523 THORNHILL CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, KATIE B	
STREET ADDRESS	1523 THORNHILL CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNES, SHELIA	
STREET ADDRESS	570 WILLOW POND CT. APT A206	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Alex Chapman Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1523 Thornhill Circle	
1.3 STREET ADDRESS	President /	
1.4 CITY-ST-ZIP	Oviedo, FL 32765	Director
2.1 TITLE	Gertrude Chapman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1523 Thornhill Circle	
2.3 STREET ADDRESS	Vice-President /	
2.4 CITY-ST-ZIP	Oviedo, FL 32765	Director
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Barnes, Shelia	
5.3 STREET ADDRESS	2215 Revenall Avenue	
5.4 CITY-ST-ZIP	Orlando, FL 32811	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002065653	
6.3 STREET ADDRESS	-01/23/97--01010--045	
6.4 CITY-ST-ZIP	***70.00	

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: *Alex Chapman Jr.* Alex Chapman Jr./President 1/16/97 (407) 359-9413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013363

CR2E037 (9/96)