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FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001433 (9)

1. Corporation Name

LIGHTHOUSE OF DELIVERANCE CHURCH, INC.



Principal Place of Business

6250 EDGEWATER DRIVE STE 400
ORLANDO FL 32810

Mailing Address

6250 EDGEWATER DRIVE STE 400
ORLANDO FL 32810-4743

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 P.O. Box 2044

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2044

Suite, Apt. #, etc.

4. FEI Number

59-3352471

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



22 City & State

23 Eatonsville, FL

24 Zip 32751

Country

25 ORANGE

27 City & State

28 Eatonsville, FL

29 Zip 32751

Country

30 ORANGE

9. Name and Address of Current Registered Agent

BRAVO, CARMINA M ESQ.
2957 WEST STATE ROAD 434
STE 400 HARBOUR BEND
LONGWOOD FL 32779

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	D	<input type="checkbox"/> DELETE
NAME	WEATHERS, NATHANIEL JR.	
STREET ADDRESS	201 CADILLAC COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEATHERS, PATRICIA	
STREET ADDRESS	201 CADILLAC COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATIMER, JIMMY	
STREET ADDRESS	667 WEST COMSTOCK AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEACHAM, DRAYARN	
STREET ADDRESS	6252 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATSON, CAROL	
STREET ADDRESS	2312 SAVOY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808-5134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELL, RAY	
STREET ADDRESS	2858 COPPER RIDE COURT	
CITY-ST-ZIP	LAKE MARY FL 32748	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Signature and Typed or Printed Name of Signing Officer or Director: Drayarn Beacham 4/26/97 (407) 523-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017105

CR2E037 (9/96)