

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004042 (5)**

1. Corporation Name

SALVATION AND DELIVERANCE CHURCH OF GOD, INC.



Principal Place of Business	Mailing Address
800 N.E. 132 STREET NORTH MIAMI FL 33161	800 N.E. 132 STREET NORTH MIAMI FL 33161-4118

3. Date Incorporated or Qualified 08/01/1996	3a. Date of Last Report N/A
4. FEI Number 65-0704338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 900 NE 132 STREET	26 SAME AS ABOVE
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
22 City & State	27 City & State
23 North miami, FL	28
Zip 33161 Country DADE	29 Zip Country
24	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUKES, JONATHAN REV. 900 N.E. 132 STREET NORTH MIAMI FL 33161	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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, JONATHAN PASTOR	1.2 NAME	
STREET ADDRESS	6 N.E. 63 STREET, APT 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEME, SIGMUND	2.2 NAME	
STREET ADDRESS	777 N.E. 85TH STREET, #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEME, LISA	3.2 NAME	TO BERNICE Hill
STREET ADDRESS	777 N.E. 85TH STREET, #5	3.3 STREET ADDRESS	1866 NW 60th Street
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	MIAMI, Florida 33142
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, TANIA PIERRE	4.2 NAME	SD ANNATHA JEAN
STREET ADDRESS	104 N.E. 41ST STREET, APT 1	4.3 STREET ADDRESS	2031 NW 100 Street
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	MIAMI, FL ORDA
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELIDOR, CAROLE	5.2 NAME	
STREET ADDRESS	315 N.W. 130 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, NOVA	6.2 NAME	
STREET ADDRESS	585 N.E. 139TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	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: *Jonathan Dukes* REQUIRED 2-16-97 694-1472
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031740

CR2E037 (9/96)