


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005185 (1)**  
1. Corporation Name  
**BIBLE DELIVERANCE PENTECOSTAL CHURCH OF GOD INC**



Principal Place of Business <b>4603 N.W. 11 AVENUE MIAMI FL 33127</b>	Mailing Address <b>4603 N.W. 11 AVENUE MIAMI FL 33127-2237</b>
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3. Date Incorporated or Qualified <b>10/10/1996</b>	3a. Date of Last Report
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21. Principal Place of Business <b>2295 N.W. 59th</b>	26. Mailing Address <b>4603 N.W. 11 Ave</b>
22. Suite, Apt. #, etc. <b>Miami</b>	27. Suite, Apt. #, etc.
23. City & State <b>Miami Fla.</b>	28. City & State <b>Miami Fla.</b>
24. Zip <b>33142</b>	29. Zip <b>33127</b>
25. Country <b>DANE</b>	30. Country <b>DADE</b>

4. FEI Number <b>65-0741850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THORNTON, JR., ROBERT BISHOP  
4603 N.W. 11 AVENUE  
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORNTON, ROBERT JR.</b>	1.2 NAME	
STREET ADDRESS	<b>4603 N.W. 11 AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, GARLAND</b>	2.2 NAME	
STREET ADDRESS	<b>14441 N.W. 15 DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORTWELL, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>2432 N.W. 189 TERR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORNTON, ALVIN</b>	4.2 NAME	
STREET ADDRESS	<b>8271 N.W. 5TH CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORTWELL, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>2274 N.W. 81 STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert Thornton* **REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0028504**

CR2E037 (9/96)