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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000005185

1. Corporation Name
BIBLE DELIVERANCE PENTECOSTAL CHURCH OF GOD INC

1999/9 - 90025 - 12

Principal Place of Business
 2295 NW 59 ST
 MIAMI FL 33142
 US

Mailing Address
 4603 N.W. 11 AVE.
 MIAMI FL 33127
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2295 N.W. 59 ST	26 4603 N.W. 11 Ave	10/10/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		65-0741850
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Miami Fla	Miami Fla	
24 Zip	29 Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
33142	33127	Trust Fund Contribution <input type="checkbox"/>
25 Country	30 Country	
DADE	DADE	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORNTON, JR., ROBERT BISHOP 4603 N.W. 11 AVENUE MIAMI FL 33127	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D THORNTON, ROBERT JR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, ROBERT JR.	1.2 NAME	
STREET ADDRESS	4603 N.W. 11 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	
TITLE	D WILLIAMSON, GARLAND <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, GARLAND	2.2 NAME	
STREET ADDRESS	14441 N.W. 15 DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE	D SHORTWELL, JAMES <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTWELL, JAMES	3.2 NAME	
STREET ADDRESS	2432 N.W. 169 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	D THORNTON, ALVIN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, ALVIN	4.2 NAME	
STREET ADDRESS	8271 N.W. 5TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	
TITLE	D SHORTWELL, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTWELL, ROBERT	5.2 NAME	
STREET ADDRESS	2274 N.W. 81 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	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 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: *Robert Thornton Jr.* 2-24-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)