


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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 # **N96000005882 (3)**  
1. Corporation Name

**DELIVERANCE RETORATION AND MIRACLE MINISTRIES, I  
NC.**

Principal Place of Business <b>13720 NE 22 AVE OPA LOCKA FL 33054</b>	Mailing Address <b>P O BOX 54175 OPA LOCKA FL 33054</b>
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97 OCT 16 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/14/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0710739</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MINCEY, JUANITA  
6395 NW 107 LANE  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, ERROL D</b>	1.2 NAME	
STREET ADDRESS	<b>13720 NE 22 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>WRIGHT, ERROL J</b>	2.2 NAME	
STREET ADDRESS	<b>13720 NE 22 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</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>GUTHRIE, ALBERT</b>	3.2 NAME	
STREET ADDRESS	<b>13720 NE 22 AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</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>HALL, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>13720 NE 22 AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D/S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINCEY, JUANITA</b>	5.2 NAME	
STREET ADDRESS	<b>13720 NE 22 AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</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:

**SIGNATURE REQUIRED**

8/5/97

385-7693044

CR2E037 (4/97)