

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000821 (5)**

1. Corporation Name

**WORDS OF DELIVERANCE MINISTRIES, INC.**



Principal Place of Business <b>203 WEST IDA STREET TAMPA FL 33603</b>	Mailing Address <b>203 WEST IDA STREET TAMPA FL 33603</b>
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3. Date Incorporated or Qualified <b>02/13/1997</b>
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>2617 East Emma</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa, Florida</b> Zip 24 <b>33610</b>	2a. Mailing Address 26 <b>2617 East Emma</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, Florida</b> Zip 29 <b>33610</b> Country 30 <b>USA</b>
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5. Certificate of Status Desired <input checked="" 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BEAL, WANDA E 203 WEST IDA STREET TAMPA FL 33603</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Wanda E. Beal</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2617 East Emma</b> 83 84 City <b>Tampa</b> FL 85 Zip Code <b>33610</b>	
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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>PTSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAL, WANDA E</b>	1.2 NAME	
STREET ADDRESS	<b>203 WEST IDA STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33603</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>BEAL, CLEMENT D</b>	2.2 NAME	
STREET ADDRESS	<b>203 WEST IDA STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33603</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, BESSIE</b>	3.2 NAME	
STREET ADDRESS	<b>16000 N.W. 28TH AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OPA LOCKA FL 33054</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: Wanda E. Beal April 10, 1998

CR2E037 (10/97)