


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90076 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000821					
1. Corporation Name WORDS OF DELIVERANCE MINISTRIES, INC.					
Principal Place of Business 2617 E EMMA TAMPA FL 33610 US			Mailing Address 2617 E EMMA TAMPA FL 33610 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/13/1997	
4. FEI Number APPLIED FOR (EDN 59-3555053)		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		9. Name and Address of Current Registered Agent BEAL, WANDA E 2617 E EMMA TAMPA FL 33610			
10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE					
TITLE	PTSD	<input type="checkbox"/>			
NAME	BEAL, WANDA E				
STREET ADDRESS	203 WEST IDA STREET				
CITY-ST-ZIP	TAMPA FL 33603				
TITLE	D	<input type="checkbox"/>			
NAME	BEAL, CLEMENT D				
STREET ADDRESS	203 WEST IDA STREET				
CITY-ST-ZIP	TAMPA FL 33603				
TITLE	VD	<input type="checkbox"/>			
NAME	JACKSON, BESSIE				
STREET ADDRESS	16000 N.W. 26TH AVENUE				
CITY-ST-ZIP	OPA LOCKA FL 33054				
TITLE		<input type="checkbox"/>			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/>			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/>			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME					
6.3 STREET ADDRESS					
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)