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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 12 AM 9:29

DOCUMENT # N97000001343

1. Corporation Name
INTERNATIONAL DELIVERANCE MINISTRIES, INC.

Principal Place of Business	Mailing Address
16190 BUNCH PARK PLAZA 27 AVE NORTH MIAMI FL	5401 SW 21 ST HOLLYWOOD FL 33023

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0393533 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, OTIS 5401 SW 21 ST HOLLYWOOD FL 33023	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 617.1506, 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	ST	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	WILLIAMS, ROSETTA		1.2 NAME	Maverick Williams	
STREET ADDRESS	5401 SW 21 ST		1.3 STREET ADDRESS	5401 SW 21 St	
CITY-ST-ZIP	HOLLYWOOD FL 33023 - Asst. President		1.4 CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	ACT	☐ DELETE	2.1 TITLE	Asst. Secretary	☐ Change ☐ Addition
NAME	WALTON, WILEY		2.2 NAME	Avery Williams	
STREET ADDRESS	4300 NW 19 STREET		2.3 STREET ADDRESS	5401 SW 21 St	
CITY-ST-ZIP	CAROL CITY FL - Administrator		2.4 CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	AST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, MARY		3.2 NAME		
STREET ADDRESS	1770 NW 161 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL - Asst. Sec't.		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, MARTHA		4.2 NAME		
STREET ADDRESS	3520 NW 71 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL Secretary		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 9-11-99 954.981-8914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #