


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|--|--|
| DOCUMENT # N97000002218 | | | | | |
| 1. Corporation Name Word of Deliverance Outreach Ministries | | | | | |
| Principal Place of Business SAME | | Mailing Address P.O. Box 1751 Alachua FL 32616 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified April 18, 1997 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-3440375 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Alachua | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Country | | 29. 32616 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 25. Country | | 30. Alachua | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent Alfred N Hicks 15720 NW 138th Terrace Alachua, FL 32616 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81. Name | | |
| | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83. | | |
| | | | 84. City | | |
| | | | 85. Zip Code FL | | |
| 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 | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 1.2 NAME P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.3 STREET ADDRESS Alfred N Hicks | | | | | |
| 1.4 CITY-ST-ZIP 15720 NW 138th Terrace | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 2.3 STREET ADDRESS Linda F Hicks | | | | | |
| 2.4 CITY-ST-ZIP 15720 NW 138th Terrace | | | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 3.2 NAME STD <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.3 STREET ADDRESS Bernice Bogans | | | | | |
| 3.4 CITY-ST-ZIP 1134 NE 25th Street | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME 4.28 | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE 9000002503759 <input type="checkbox"/> Addition | | | | | |
| 6.2 NAME -04/28/98--01103--012 | | | | | |
| 6.3 STREET ADDRESS ***70.00 | | | | | |
| 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: Alfred N Hicks April 7, 1998 | | | | | |

CR2E037 (10/97)