

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002924 (5)

1. Corporation Name

DELIVERANCE THE MIRACLE MINISTRY, MISSIONS, INC.



Principal Place of Business	Mailing Address
805 E. NORTHBAY AVE TAMPA FL 33603	P.O. BOX 22924 TAMPA FL 33622-2924

3. Date Incorporated or Qualified	05/22/1997
4. FEI Number	59-3447291
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4514 N. 34th St.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, FL	28
Zip	Country
24 33610	25 U.S.A.
29	30

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
JOSEPH, ERICA 805 E. NORTHBAY AVE TAMPA FL 33603	

10. Name and Address of New Registered Agent	
81 Name	ERICA JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable)	4512 N. 34th St
83	
84 City	Tampa
85 State	FL
86 Zip Code	33610

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	
TITLE	PD
NAME	JOSEPH, ERICA
STREET ADDRESS	805 E. NORTHBAY AVE
CITY-ST-ZIP	TAMPA FL 33603
TITLE	SD
NAME	DAVIS, MARY L
STREET ADDRESS	11201 N. MITCHELL AVE
CITY-ST-ZIP	TAMPA FL 33612
TITLE	TD
NAME	MERRITT, SYLVIA
STREET ADDRESS	3303 E. NORTHBAY AVE
CITY-ST-ZIP	TAMPA FL 33610
TITLE	D
NAME	PHILBERT, SELTONIA
STREET ADDRESS	11201 N. EEND ST. NO 40
CITY-ST-ZIP	TAMPA FL 33612
TITLE	D
NAME	DICKENSON, REGINA
STREET ADDRESS	805 E. ORTHBAY AVE
CITY-ST-ZIP	TAMPA FL 33603
TITLE	D
NAME	EDWARDS, GARVIN CH
STREET ADDRESS	13434 LA PLACE CIR #77
CITY-ST-ZIP	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	JOSEPH, ERICA
1.3 STREET ADDRESS	4512 N. 34th St. Tampa, FL 33610
1.4 CITY-ST-ZIP	
2.1 TITLE	D
2.2 NAME	JURLINE FURCH
2.3 STREET ADDRESS	4512 N. 34th St.
2.4 CITY-ST-ZIP	Tampa FL 33610
3.1 TITLE	D
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D
4.2 NAME	ANNIE BELL Williams
4.3 STREET ADDRESS	4411 E. 24th Ave.
4.4 CITY-ST-ZIP	Tampa, FL 33605
5.1 TITLE	D
5.2 NAME	Brenda Muse
5.3 STREET ADDRESS	1514 Annie St.
5.4 CITY-ST-ZIP	Tampa, FL 33605
6.1 TITLE	D
6.2 NAME	Sherylene Solomon
6.3 STREET ADDRESS	1618 24th Ave.
6.4 CITY-ST-ZIP	Tampa, FL 33605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

CR2E037 (10/97)