


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 040 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N97000006223 | | | | | |
| 1. Corporation Name JESUS CHRIST WORD OF DELIVERANCE MINISTRY, INC. | | | | | |
| Principal Place of Business 4721 SAN JUAN AVE. JACKSONVILLE FL 32210 | | | Mailing Address 4721 SAN JUAN AVE. JACKSONVILLE FL 32210 | | |
| MAILING Address - CHANGED | | | | | |
| 2. Principal Place of Business 21 2032 BLANDING BLVD Suite, Apt. #, etc. | | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 11/03/1997 | |
| 22 City & State 23 Jacksonville Florida | | 27 City & State 28 | | 4. FEI Number 59-3487578 <input checked="" type="checkbox"/> Applied For Not Applicable | |
| 24 32210 25 Country | | 29 30 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 32210 25 Country | | 29 30 Country | | 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 HENRY, GREGORY 4721 SAN JUAN AVE. JACKSONVILLE FL 32210 | | | 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 GREGORY HENRY Gregory Henry 4-7-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/1/98)