### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N9700006391

1. Corporation Name

## ETERNAL LIFE DELIVERANCE MINISTRIES INC.

Principal Place of Business

Mailing Address

1407 ORANGE AVE. FT. PIERCE FL 34950

P.O. BOX 1841 FT. PIERCE FL 34954

# Apr 08, 1999 8:00 am § Secretary of State

04-08-1999 90005 014 \*\*\*\*61.25



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2. 21	Principal Pl	lace of Busines	es es	2a 26	. Mailing Address				_	3. Date incorporated or Qualifed 11/12/1997		
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.						4. FEI Number Applied For		
¬ ''			27	و المحيد الماشداد					- 65-0784538 Not Applicable			
City & State			City & State					_ \$8.75 Additional				
23	ony a onen	•		28						5. Certificate of Status Desired Fee Required		
231	Zip	Country			Zip			Country		6. Election Campaign Financing S5.00 May Be		
24		2:	¬ ·	29	, <b>,</b>	30	•			Trust Fund Contribution Added to Fees		
<u></u> 1			nd Address of Current		stered Agent					10. Name and Address of New Registered Agent		
							81	Name				
VOUND DROWN DEFENVO									A Advisor (D.O. Day Number in Not Assessable)			
YOUNG-BROWN, BEVERLY C				82			2 Street Address (P.O. Box Number is Not Acceptable)					
3006 CARVER STREET					1			83				
	FI. PIERC	E FL 34947	i									
						'	84	City		FI 85 Zip Code		
11	Dumunt	to the provision	se of Sections 617 0502	and i	817 1508 Florida Statuti	es th	e abov	a-named	corpo	poration submits this statement for the purpose of changing its registered		
	office or re	edistered agen	t, or both, in the State of and accept the obligation	Flor	ida. Such change was a	uthori	zed by	the corpo	oration	on's board of directors. I hereby accept the appointment as registered		
Sì	GNATURE							r-r		nd when reinstation) DATE		
Signature, typed or printed name of registered agent a  12. OFFICERS AND							gistered Agent signature require 13.		required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITI		D	OFFICERS AND	אוע	□ DELETE	_	.1 TITLE		Τ	☐ Change ☐ Addition		
		_	י ארחו עיר		<b>— D</b>		.2 NAME			_ , _		
NAME YOUNG, BEVERLY C							- 4 D D D - 0 0		,			
	REET ADDRESS		6 CARVER ST. PIERCE FL 34947					1.3 STREET ADORESS				
_	Y-ST-ZIP	FI. PIEKUE	FL 34947		☐ DELETE	_		T-ZIP	╀─	☐ Change ☐ Addition		
III					□ beceie		1 TITLE			Colongo Chastan		
NA	BROWN, FREDDIE L				2.2				1			
STI	REET ADDRESS	3006 CARV	<del></del>	-				T ADDRESS				
CIT	Y-ST-ZIP	FT. PIERCE	FL 34947	·			. 4 CITY-5	T-ZIP	ļ <u>.                                    </u>	Change Addition		
ТΠ	LE'	T			☐ DELETE		.1 TITLE		7	RACKETT-WESTBERRY TOWN		
NA	VIE .	BRACKETT-WESTBERRY , TAMMY				3.2 NAME (2)		(42)	LAND A DERRY ST. I CAMINY			
STI	REET ADDRESS		lman avē.			3	.3 STREE	TADDRESS	14	BRACKETT-WESTBERRY, TAMMY 1201 B. DEBBY ST.  olumbus, GA, 31907		
CIT	Y-ST-ZIP	COLUMBU:	S GA 31907			_	.4. CITY-5	T-ZIP	100	olumbus, 6A, 31401		
TIT	LE				☐ DELETE	4	.1 TITLE			☐ Change ☐ Addition		
NA	ME 1					4	. 2 NAME					
STF	REET ADDRESS					4	3 STREE	FADDRESS				
CIT	Y-ST-ZIP					4	4 CITY-S	T-ZIP				
TIT	Œ				☐ DELETE		.1 TITLE		\	☐ Change ☐ Addition		
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CIT	Y-ST-ZIP					5	.4 CITY-S	T-ZIP				
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	REET ADDRESS	}				6	3 STREE	T ADDRESS		ļ		
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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.