


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90063 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006558					
1. Corporation Name CALVARY DELIVERANCE CENTER, INC.					
Principal Place of Business CALVARY DELIVERANCE CENTER INC 4221 LENOX BLVD ORLANDO FL 32811 US			Mailing Address 4221 LENOX BOULEVARD ORLANDO FL 32811		

91360 90063 18



2. Principal Place of Business Calvary Deliverance Ctr. INC		2a. Mailing Address 4221 Lenox Blvd		3. Date Incorporated or Qualified 11/18/1997	
Suite, Apt. #, etc. 4221 Lenox Blvd		Suite, Apt. #, etc.		4. FEI Number 59-3473423	
City & State Orlando Florida		City & State Orlando Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32811		Zip 32811		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country U.S.A.		Country U.S.A.		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent BAIN, REMONA 4221 LENOX BOULEVARD ORLANDO FL 32811				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	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAIN, REMONA			1.2 NAME			
STREET ADDRESS	2025 REVENALL AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			1.4 CITY-ST-ZIP			
TITLE	DVT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, CLARA			2.2 NAME			
STREET ADDRESS	538 TAMPA AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, TIMOTHY			3.2 NAME			
STREET ADDRESS	4221 B LENOX BOULEVARD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTGOMERY, RUBY			4.2 NAME			
STREET ADDRESS	3335 HARRIS STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	PLYMOUTH FL 32712			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOOKES, CARNETTE			5.2 NAME			
STREET ADDRESS	4612 CARTER STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Remona Bain REQUIRED Remona Bain 1-9-99. 407-8495035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)