## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT  1999  FLORIDA DEPART Katherine Secretary DIVISION OF CO	Harris of State	APAROYED AND FILED	
DOCUMENT # N98000001665		99 MAY 11 AM 11: 53	
HIGHER PRAISE OF DELIVERANCE CHURCH THE		SECHETALLY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			
807 CARVER St.			
TALL 71 32300			
2. Principal Place of Business 2. ARVIR 26 SAMC Suite, Apt. #, etc. 27	ABove-	3. Date Incorporated or Qualified 3 - 23 - 1958 4. FEI Number	Applied For
City & State City & State  23 TALL 71 28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip 24 3 2 3 1 0 25 U 5 29 31	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
82 Street Address (P.O. Box Number is Not Acceptable)  83			
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
NAME TUERY GUYTON, M STREET ADDRESS CITY-ST-ZIP  1300 EIBERTA DR TAU. 33224	12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP	EDDIE GIBSON 207 CARVER St	
TITLE SECRETARY DELETE  NAME TRISH D. GUYTON 11 71	21 TITLE 22 NAME	TACK'E KENNERO	Change Haddition
STREET ADDRESS 1300 Fligh De The	23 STREET ADORESS 2 4 CITY-ST-ZIP 31 TITLE	107 CARVER S	744.71 32304 []Change   Addition
TITLE  NAME  STREET ADDRESS  CITY ST. ZIP  TITLE  TREMS URE  COlvin  TALL. 91  32304  TITLE  TREST ADDRESS  TITLE  DELETE  DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP	500002871	
NAME STREET ADDRESS FENYA HAA COlvin 7411.71	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	-05/11/990 *****70.00	)
TITLE  NAME  STREET ADDRESS  CITY ST. 7P	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		Change ( ) Addition
CITY-ST-ZIP  TITLE  DELETE  NAME	61 TITLE 62 NAME		[]Change
STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for th	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP be exemption stated in S	ection 119 07(3)(i) Florida Statutos I further con	tify that the information
indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation of the receiver or trustee ephowered to execute the property of the property of the receiver or trustee ephowered to execute the property of the pro	te and that my signature cute this report as requir ther like empowered	shall have the same logal effect as if made undi- ed by Chapter 617, Florida Statutes; and that m	er oath; that I am an I

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF VICER OR DIRECTOR

5-11-99 525-7717