

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000005975

1. Corporation Name

WORD A FLAME DELIVERANCE MINISTRIES, INC.

6 8 6 8 6 7 4 - 9 0 0 0 7 - 2 1 4 *



Principal Place of Business
 571 NW 49TH AVE
 PLANTATION FL 33317

Mailing Address
 571 NW 49TH AVE
 PLANTATION FL 33317

| | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 571 NW 49th Ave Suite, Apt. #, etc. | 2a. Mailing Address 26 571 NW 49th Ave Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 10/19/1998 |
| 22 City & State 23 Plantation | 27 City & State 28 Fla Plantation | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 24 33317 25 Country | 29 33317 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent RHODES, HOLLIS ELDER 821 E. EVANSTON CR. FT. LAUDERDALE FL 33311 | | 10. Name and Address of New Registered Agent |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODES, HOLLIS ELDER
 821 E. EVANSTON CR.
 FT. LAUDERDALE FL 33311

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

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 | P | 1.1 TITLE | EDWARDS, JOE L ELDER |
| NAME | EDWARDS, JOE L ELDER | 1.2 NAME | 571 NW 49th Ave |
| STREET ADDRESS | 571 N.W. 49TH AVE | 1.3 STREET ADDRESS | Plantation Fla 33312 |
| CITY-ST-ZIP | PLANTATION FL 33312 | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | GATSON, CARRIE |
| NAME | GATSON, CARRIE | 2.2 NAME | 4821 N.W. 1ST |
| STREET ADDRESS | 4821 N.W. 1ST | 2.3 STREET ADDRESS | Plantation Fla |
| CITY-ST-ZIP | PLANTATION FL 33317 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | Bell Julia |
| NAME | BELL, JULIA | 3.2 NAME | 1161 N.W. 19 |
| STREET ADDRESS | 1161 N.W. 19 | 3.3 STREET ADDRESS | FT. LAUDERDALE |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Daytime Phone #

CR2E037 (5/99)