04131999-90001-003-$62.00-$62.00

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**Apr 13, 1999 8:00 am**
**Secretary of State**
04-13-1999 90001 003 ****62.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000006833**

1. Corporation Name

FIRST DELIVERENCE POWER HOUSE OF PRAISE WORSHIP CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7604 N.W. 22ND AVE.<br>MIAMI FL 33147 | 7604 N.W. 22ND AVE.<br>MIAMI FL 33147 |

2. Principal Place of Business
21 7604 N.W. 22 AVE
Suite, Apt. #, etc.
22
City & State
23 Miami Fl.
Zip 24 33147 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/30/1998

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OWENS, TIMOTHY
1357 N.W. 75TH TERRACE
MIAMI FL 33147

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OWENS, TIMOTHY<br>1357 N.W. 75TH TERRACE<br>MIAMI FL 33147 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | T<br>Joann Smith<br>1511 N.W. 30 AVE<br>Miami Fl. 33154 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OWENS, CYNTHIA<br>1357 N.W. 75TH TERRACE<br>MIAMI FL 33147 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>Geraldine Howard<br>3.7042 N.W. 169 ST<br>Miami Fl. 33150 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Micheal Pough<br>1190 N.W. 72 AVE<br>Miami Fl. 33147 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>Kimberly Philpot<br>Miami Fl. 33136 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Timothy Owens **SIGNATURE REQUIRED** 4-7-99 (305) 6968099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)