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DOCUMENT # N9900006778 1. Entity Name DEDICATED DELIVERANCE TEACHING MINISTRY, INC.					FILED May 10, 2000 8:00 an Secretary of State				
Principal Place	of Business	Mailing Address	Mailing Address			03-03-2000 90191	018 ****	61.25	
5905 BROADWAY WEST PALM BEACH FL 33407		5906 BROADWAY West Palm Beach FL 33	5905 BROADWAY WEST PALM BEACH FL 33407-2554						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Zíp Country		5. Certificate of Status Desired See Required				
	6. Name and Address of Curre	nt Registered Agent	egistered Agent			7. Name and Address of New Registered Agent			
				Name					
TAYLOR, ANTHONY M 5157 NORMA ELAINE ROAD			-	Street Address	(P.O. Box Number is Not Acceptable)				
	M BEACH FL 33417						Zip Code		
				City 		FL Zip Code			
SIGNATURE _	Signature, typed or printed name of registered as FILE NOW:	9. Election Campaig	n Financing		00 May Be	DATE Make Check			
	FEE IS \$61.25	Trust Fund Contril	oution.	C Add	ed to Fees	Department			
10. Title Name Street address	OFFICERS AND	DIRECTORS		Pas Clau ADDRESS 610	itor udia B. Can o 3919 Stre	anges to officers and di	Change	Addition So	
CATY-ST-ZIP FIFLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-ST TITLE NAME STREET CITY-ST	Sec Sh ADDRESS 494	eretary eila Taylo 11 Haverhill	Beach, FL 33 commons circle, #1 Seach, FL 33417	Change	SAddition C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET CITY-S	Cha Fa ADDRESS 33	irman Dec ron Jones 08 Ave S	iton'	☐ Change	Addition	
TIYLE NAME STREET ADDRESS CKY-ST-ZIP		Delete	TVILE NAME STREET CITY-S	ADDRESS CO	ervington:	smith Street	☐ Change	Addition	
TITLE NAME STREET ACCRESS CITY+ST-ZIP		☐ Celete	TITLE NAME STREET CITY-S	ADORESS	or really B	each, FL 3340	Change	Addition Addition	
TITLE		C Delete	TIDLÉ				Сhange	☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: CATHONICT IN FLORING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

2-21-00

Date