

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2004
Secretary of State**

DOCUMENT# N03000009458

Entity Name: CHRISTIAN DELIVERANCE OUTREACH MINISTRY, INC. II

Current Principal Place of Business:

3510 WEST WILSON STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1007 SOUTH SANFORD AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 83-0388614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, SUSIE REV.
3510 WEST WILSON AVENUE
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

ROBINSON, SUSIE PASTOR
3510 WEST WILSON AVENUE
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GINA COBARRIS

03/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, SUSIE
Address: 3510 WEST WILSON STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: PARKS, RICKEY
Address: 1000 E 9TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PARKS, NETTIE
Address: 1000 E 9TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: COBARRIS, GINA
Address: 911 SOUTH SANFORD AVENUE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA COBARRIS

D

03/17/2004

Electronic Signature of Signing Officer or Director

Date