

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2005  
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 (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: D      (X) Change ( ) Addition  
Name: COBARRIS, GINA  
Address: POST OFFICE BOX 1674  
City-St-Zip: SANFORD, FL 32772

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

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date