

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

**FILED  
Feb 18, 2005  
Secretary of State**

DOCUMENT# N04000003828

Entity Name: IN THE MASTER'S PRESENCE DELIVERANCE CHURCH INC.

**Current Principal Place of Business:**

P.O. BOX 690875  
ORLANDO, FL 32869

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 690875  
ORLANDO, FL 32869

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

HAMPTON, BONNIE  
8103 CHAMPIONS CIRCLE  
2301  
ORLANDO, FL 33896 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: P ( ) Delete  
Name: JONES, CHANDA J  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

Title: DIRE ( ) Delete  
Name: SANDERS, MILAN  
Address: 24 E. LAKE DEBRA DRIVE 5305  
City-St-Zip: ORLANDO, FL 32835

Title: DIRE ( ) Delete  
Name: SANDERS, KIM  
Address: 24 E. LAKE DEBRA DRIVE 5305  
City-St-Zip: ORLANDO, FL 32835

Title: TREA (X) Delete  
Name: MCGHEE, JUDELINE  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

Title: SECR ( ) Delete  
Name: JONES, RENISE  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

Title: DIR ( ) Delete  
Name: GOMEZ, CARMEN P  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SANDERS, MILAN  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

Title: VP (X) Change ( ) Addition  
Name: SANDERS, KIM  
Address: 24 E. LAKE DEBRA DRIVE 5305  
City-St-Zip: ORLANDO, FL 32835

Title: TREA (X) Change ( ) Addition  
Name: HILL, MICAH  
Address: P.O. BOX 690875  
City-St-Zip: ORLANDO, FL 32869

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: MILAN SANDERS

P

02/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date