2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90279 014 ****70.00

DOCUMENT # N33724

1. Entity Name

DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIST, INC.

Principal Place of Business	Mailing Address
3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311 US	3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
3090 NW 7th St Suite, Apt. #, etc.	3090 NW 7 ST Suite, Apt. #, etc.
City & State: Ft Lauderdale Fl	City & State: Ft Lauderdale Fl
Zip: 33311 Country: Broward	Zip: 33311 Country: Broward.

4. FEI Number: 65-0141478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLANE, ROSA B. 2731 N.W. 26TH AVENUE FORT LAUDERDALE FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rosa B McLane
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ROSA B MCLANE DATE 01/26/05

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCLANE, ROSA B. 2731 N.W. 26TH AVENUE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCLANE, ANTHONY D. 2731 N.W. 26TH AVENUE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROMER, IDELLA 3140 SW 10TH COURT POMPANO BEACH FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIC DAVIE, LEVON 2081 NW 43 TERRACE FORT LAUDERDALE FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Rosa B McLane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #