2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N35077

Entity Name: FAITH DELIVERANCE ASSEMBLY, INC.

Current Principal Place of Business:

126 EAST 7TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

PO BOX 40771
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-2976834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EICHELBERGER, SR., CHARLES B MR.
1413 HARRINGTON PARK DRIVE
JACKSONVILLE, FL 32225

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:	PD	( ) Delete
Name:	EICHELBERGER, SR., CHARLES B MR.	
Address:	1413 HARRINGTON PARK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	SAUNDERS, ALBERT MR.	
Address:	1484 WEST 22ND STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	VD	( ) Delete
Name:	DENSON, SR., GARRY L MR.	
Address:	2756 GLENN MAWR RD.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	EICHELEERGER, CYNTHIA D MRS.	
Address:	1413 HARRINGTON PARK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TD	( ) Delete
Name:	LESTER, LENA A MS	
Address:	3400 TOWNSEND BLVD., APT. #281	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	HOOKS, SR., ROBERT L MR.	
Address:	3454 COMMONWEALTH AVE.	
City-St-Zip:	JACKSONVILLE, FL 32254	

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:		
Title:	TD	(X) Change ( ) Addition
Name:	ROULHAC, TERRANCE L MR.	
Address:	7841 INVERMERE BLVD., N.	
City-St-Zip:	JACKSONVILLE, FL 32244	
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: CHARLES B. EICHELBERGER, SR. PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date