2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Zip Country Zip Country S. Cartificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Requ	1. Entity Nam	ie	# N9700004 EL DELIVERANCI	4581 E & PEACE MINISTE	RY,				II.E					
Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Cliy & State Cliy & State Cliy & State Country Country Country Country S. Certification of Status Desired Rot Applied Rot A	5358 13TH								A					
Suite, Apt. #, etc. Suite, Apt. #, etc. Od282005 Chg.NP CR2E087 (10'03)	2. Principal P	lace of Busin	ess											
City & State Ci	Suite, Apt. #, etc.			Suite, Apt. #, etc.	_	04282005 Chg-NP			CR2E037 (10/03)					
S. Name and Address of Current Registered Agent S. Name and Address of Status Desired \$8.75 Additional Properties GRAHAM, BOBBY C Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, hole of price forms of registered agent and the flagsbacks. (INCTE. Registered Agent agents required agent, or both, in the State of Fordia. I am familiar with, and a through a companies of registered agent. Filling Fee is \$61.25 9. Bection Campaign Financing \$5.00 May Be Added to Fees Added	City & State					4. FEI Number NOT APPLICABLE			Applied For Not Applicable					
STREET AUDIESS GRAHAM, BOBBY C 3845 WHISPERING PINES CIRCLE GREENWOOD, FL 32443 The above named entily 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 a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a more obligations of registered agent, or both, in the State of Florida. I am familiar with, and a fine obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fine obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fine of Florida Pampa with a fine of Florida Pampa with a fine of Florida Pampa pam	Zip	Zip Country		Zip Co		intry		5. Certificate of St	atus Desired					
SRET ANDRESS OF SEET MORESS OF SEET MORES OF SEET MORE OF SEET		6. Name	and Address of Current	Registered Agent	· .	Nome		7. Name and Add	ress of New Re	gistered A	gent	_		
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a rec obligations of registered agent. 5. GNATURE Signature, types or prised name of registered agent and lish if applicable. ONTE Registered Agent signature required when remaining DATE														
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SIGNATURE Signature, typed or proced name of inglatered agent and 15th 1 applicable. (NOTE, Registered Agent Streams required when retinatating) DATE					City				FL	Zip Code	9			
Trust Fund Contribution. Added to Fees Florida Department of State 10.	Ū			and title if applicable. (NOT	E: Registere	od Agent signati	ture required	when reinstating)		DATE				
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