2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004581

1. Entity Name
GRAHAM'S CHAPEL DELIVERANCE & PEACE MINISTRY, INC.

FILED
05 APR 28 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5358 13TH ST MALONE, FL 32445	3845 WHISPERING PINE CT. GREENWOOD, FL 32443

04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2466 Dilmore Rd Suite, Apt. #, etc.
City & State	Cottondale, FL City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ 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
GRAHAM, BOBBY C 3845 WHISPERING PINES CIRCLE GREENWOOD, FL 32443	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	B GRAHAM, BOBBY C 3845 WHISPERING PINE CT. GREENWOOD, FL 32443	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BA GRAHAM, BARBARA A 3845 WHISPERING PINE CT. GREENWOOD, FL 32443	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & CEO PASTOR BARBARA A. Graham 2466 Dilmore, Rd Cottondale, FL. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD GROOMES, JARROD 3845 WHISPERING PINE CT. GREENWOOD, FL 32443	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Missionary - Sec. LaVerne Bryant 5358 13th St Malone, FL 32445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, JULIUS 5234 10TH AVE. MALONE, FL 32445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800054237128 05/10/05--01108--007 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Bishop B. C. Graham 850-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #