2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004581

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

FILED
07 JAN 12 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5358 13TH ST MALONE, FL 32445	2466 DILMORE RD COTTONDALE, FL

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122007 Chg-NP CR2E037 (12/06) 07

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

GRAHAM, BOBBY C
3845 WHISPERING PINES CIRCLE
GREENWOOD, FL 32443

7. Name and Address of New Registered Agent

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.

800085632748
01/23/07--01003--005 **70.00

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	B	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAHAM, BOBBY C		NAME		
STREET ADDRESS	~~3845 WHISPERING PINE CT.~~		STREET ADDRESS	2466 Dilmore Rd	
CITY-ST-ZIP	~~GREENWOOD, FL 32443~~		CITY-ST-ZIP	Cottondale, FL 32441	
TITLE	PCEO	☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	GRAHAM, BARBARA A PASTOR		NAME	Dorothy Mack	
STREET ADDRESS	2466 DILMORE RD		STREET ADDRESS	2847 Davey St	
CITY-ST-ZIP	COTTONDALE, FL		CITY-ST-ZIP	Marianna, FL 32448	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dorothy Mack 1-12-07 (850)482-6389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #