

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PS 182

<b>DOCUMENT # N94000001193</b> 1. Entity Name <b>TRUE DELIVERANCE FELLOWSHIP, INC.</b>			<div style="text-align: center; font-weight: bold; font-size: 1.5em;">FILED</div> <div style="text-align: center; font-weight: bold;">OCT -7 PM 4:01</div> <div style="text-align: center; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business <b>7690 15TH ST E SARASOTA FL 34243</b>		Mailing Address <b>PO BOX 10645 BRADENTON FL 34282</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>TRICE, RAYMOND D 5580 FOUNTAIN LAKE CIRCLE APT 114 BRADENTON FL 34207</b>		<b>7. Name and Address of New Registered Agent</b>	
Name <i>- Raymond D. Trice</i>		Street Address (P.O. Box Number is Not Acceptable) <i>6513 12th St. W.</i>	
City <i>Bradenton</i>		State <b>FL</b>	
Zip Code <b>34207</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>TRICE, RAYMOND D 5580 FOUNTAIN LAKE CIRCLE, APT 114 BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <i>Raymond D. Trice 6513 12th St. W. Bradenton, FL 34207</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <b>BENNETT, CARLTON 3227 6TH AVE. WEST PALMETTO FL 34221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <b>TRICE, TINA T 5580 FOUNTAIN LAKE CIRCLE, APT 114 BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>200041667712 10/07/04--01025--018 **\$1.25</b> DST <i>TRICE, TINA T 6513 12TH ST. W. BRADENTON, FL 34207</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <i>Raymond D. Trice Sr. Raymond D. Trice, Sr.</i>		Date <b>10/4/04</b>	Daytime Phone # <b>941-739-5750</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

PS 2.92



7690 15th Street East  
Sarasota, Florida 34243  
(941) 358-1775 Office - (941) 360-0749 Fax

October 4, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations

Dear Ms. Hood:

Due to the recent series of Hurricane disasters in the State of Florida, we here in Manatee and Sarasota Counties have experienced some financial and economical setbacks. This drastic toll of disasters has caused many hardships and it has had a great impact on our ministries of True Deliverance Fellowship, 7690 15<sup>th</sup> Street East, Sarasota, Florida 34243. We have suffered financial, emotional and even some physical and structural damages.

We apologize for not being aware of the deadline for filing our Annual Corporation Report. We had intended to comply, however due to the continuous stress level and evacuation procedures we apparently misplaced our documentation. We sincerely pray and request that you will allow us to submit at this time the usual fee of \$61.25 without any further penalties or late fees that may have applied. We regret that we also were not aware of the extension of October, 1 date that your office had granted until we called on today, October 4, 2004.

In the past, your records should reflect, that we have never failed to file these documents before because we know how vital they are to the existence of our ministry status. That was our intentions to do so this year as well. We apologize for any inconvenience we may have caused your office and we hope that you accept our request and will take this matter in consideration. We have enclosed a check for amount of \$61.25. Please let us know of your decision.

Sincerely,

*Raymond D. Trice*  
Raymond D. Trice, Sr.  
Pastor/President  
RDT