


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90049 021 \*\*\*\*70.00

**DOCUMENT # N00000001858**

1. Entity Name  
**DELIVERANCE TEMPLE FIRST BORN CHURCH, INC.**



Principal Place of Business  
 P.O. BOX 354 PAYNE RD.  
 CHATTAHOOCHEE, FL 32324

Mailing Address  
 P.O. BOX 354 PAYNE RD.  
 CHATTAHOOCHEE, FL 32324

**50005581**

2. Principal Place of Business  
**5715 Hardaway Road**

3. Mailing Address  
**P.O. Box 354**

Suite, Apt. #, etc.



01162005 Chg-NP CR2E037 (10/03)

City & State  
**Chattahoochee Fl.**

City & State  
**Chattahoochee Fl.**

Zip  
**32324**

Country  
**Gadsden**

Zip  
**32324**

Country  
**Gadsden**

4. FEI Number  
**59-3295441**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEAS, TITUS B JR.**  
**4512 WESLEY DRIVE**  
**TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name  
**Deas, Titus B. Jr**

Street Address (P.O. Box Number is Not Acceptable)  
**225 Quail Roost Drive**

City  
**Quincy, Fla**

FL Zip Code  
**32352**

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 \_\_\_\_\_  
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, 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAS, TITUS B JR. 4512 WESLEY DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUPREE, PAMELLA 512 REED STREET CHATTAHOOCHEE, FL 32324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUSE, AMANDA 3106 CARRIAGE MANOR CIRCLE TALLAHASSEE, FL-32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, PENNY R 325 COCHRAN ROAD CHATTAHOOCHEE, FL 32324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deas, Titus B. Jr 225 Quail Roost Drive Quincy Fla. 32352	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pamella Dupree 2855 Apalachee Pkwy C142 Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Amanda House 2416 Jackson Bluff Rd 10B Tallahassee, FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: Titus B. Deas, Jr. 1-17-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #