# 2005 NOT-FOR-PROFIT CORPORATION
## ANNUAL REPORT (AR)

**DOCUMENT # N97000006417**

1. Entity Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3109 W BEAVER STREET<br>JACKSONVILLE FL 32254<br>US | P O BOX 2327<br>JACKSONVILLE FL 32203<br>US |

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | **4. FEI Number** 59-3496939 |
| Zip | Country | Zip | Country |

1st MOORE     CR2E037 (10/04)

4. FEI Number: 59-3496939 — 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 |
|---|---|
| GIVENS, ALLEN G JR.<br>955 MELSON AVENUE<br>JACKSONVILLE FL 32205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _Bishop Allen G. Givens_     4/4/05

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

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: M<br>NAME: BUTLER, CARLOS<br>STREET ADDRESS: 3514 MCLENDON<br>CITY-ST-ZIP: JACKSONVILLE FL 32254 | ☑ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE: PCD<br>NAME: GIVENS, ALLEN G. JR.<br>STREET ADDRESS: 955 MELSON AVE<br>CITY-ST-ZIP: JACKSONVILLE FL 32205 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE: VT<br>NAME: GIVENS, THEREAS<br>STREET ADDRESS: 955 MELSON AVE<br>CITY-ST-ZIP: JACKSONVILLE FL 32254 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE: T<br>NAME: SEABROOK WILLIAMS, PAULA<br>STREET ADDRESS: 7955 CHERRY BOSSOM DR S<br>CITY-ST-ZIP: JACKSONVILLE FL 32216 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: _Allen G. Givens Jr. Bishop Allen G. Givens_     4/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #