

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

**FILED  
May 01, 2005  
Secretary of State**

DOCUMENT# N94000001193

Entity Name: TRUE DELIVERANCE FELLOWSHIP, INC.

**Current Principal Place of Business:**

7690 15TH ST E  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10645  
BRADENTON, FL 34282

**New Mailing Address:**

FEI Number: 65-0500199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TRICE, RAYMOND D  
6513 12TH ST W  
BRADENTON, FL 34207      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: TRICE, RAYMOND D  
Address: 6513 12TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: DV      ( ) Delete  
Name: BENNETT, CARLTON  
Address: 3227 6TH AVE. WEST  
City-St-Zip: PALMETTO, FL 34221

Title: DST      ( ) Delete  
Name: TRICE, TINA T  
Address: 6513 12TH ST W  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      (X) Change ( ) Addition  
Name: DAILEY, PATRICIA  
Address: 1371 14TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND D. TRICE

DP

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date