

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006053

**Entity Name:** DELIVERANCE OUTREACH MINISTRIES OF OCALA, INC.

**Current Principal Place of Business:**

821 NE 35TH TERR  
OCALA, FL 34470

**Current Mailing Address:**

821 NE 36TH TER SUITE 10  
OCALA, FL 34477 US

**FEI Number:** 47-4374894

**Certificate of Status Desired:** Yes

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

OLIVER, TYRONE E SR.  
5376 SW 82ND ST  
OCALA, FL 34476 US

*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:** TYRONE E OLIVER

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name OLIVER, TYRONE E  
Address 5376 SW 82ND ST  
City-State-Zip: OCALA FL 34476

Title DSVP  
Name OLIVER, EMILY  
Address 5376 SW 82ND ST  
City-State-Zip: OCALA FL 34476

Title DIRECTOR  
Name GARRICK, VERDELL  
Address 4620 SW 103RD RD PLACE  
City-State-Zip: OCALA FL 34476

Title D  
Name SCOTT, LEONARD  
Address 5376 SW 82ND ST  
City-State-Zip: OCALA FL 34476

Title SECRETARY / TREASURY  
Name MILLER, FELICIA  
Address 7449 HEMLOCK RD  
City-State-Zip: OCALA FL 34472

*I hereby 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 all other like empowered.*

**SIGNATURE:** TYRONE E. OLIVER

DP

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date