oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex	ecute 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	CEO	12/10/2018

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

Electronic Signature of Signing Officer/Director Detail

821 NE 36TH TER SUITE 10

FEI Number: 47-4374894

SIGNATURE: TYRONE E OLIVER

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

# 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N1500006053

Entity Name: DELIVERANCE OUTREACH MINISTRIES OF OCALA, INC.

### **Current Principal Place of Business:**

821 NE 35TH TERR OCALA, FL 34470

### **Current Mailing Address:**

OCALA, FL 34477 US

## Name and Address of Current Registered Agent:

City-State-Zip: OCALA FL 34476



12/10/2018

Certificate of Status Desired: No

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.

		Electronic Signature of Registered Agent			Date			
Officer/Director Detail :								
	Title	DP	Title	DSVP				
	Name	OLIVER, TYRONE E	Name	OLIVER, EMILY				
	Address	5376 SW 82ND ST	Address	5376 SW 82ND ST				
	City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476				
	Title	D	Title	SECRETARY / TREASURY				
	THE	D	THE	BEORETART / TREADORT				
	Name	SCOTT, LEONARD	Name	MILLER, FELICIA				
	Address	5376 SW 82ND ST	Address	7449 HEMLOCK RD				
	City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34472				

Date