

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2004
Secretary of State**

DOCUMENT# 715861

Entity Name: ST. ELIZABETH CHURCH OF DELIVERANCE OF GIFFORD, FLORIDA, INC.

Current Principal Place of Business:

4475 29TH AVENUE
VERO BEACH, FL 329671421

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6279
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 59-1603669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SR., ORVILLE N
6433 55TH SQUARE
VERO BEACH, FL 32967 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: PD () Delete
Name: PETERSON, SR., ORVILLE N
Address: 6433 55TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: VTD () Delete
Name: PETERSON, CONSTANCE A
Address: 6433 55TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: STD () Delete
Name: CORDY, JACK
Address: P.O. BOX 897
City-St-Zip: FORT PIERCE, FL 34954

Title: SD () Delete
Name: REED, WILLIE M
Address: 516 5TH STREET S.W.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JACK CORDY STD 01/04/2004
Electronic Signature of Signing Officer or Director Date