2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #715861

1. Entity Name

ST. ÉLIZABETH CHURCH OF DELIVERANCE OF GIFFORD, FLORIDA, INC.



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

4475 29TH AVENUE VERO BEACH, FL 32967-1421

PETERSON, SR., ORVILLE N 6433 55TH SQUARE VERO BEACH, FL 32967 Mailing Address

P.O. BOX 6279 VERO BEACH, FL 32961



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01052007 No Chg-NP - CR2I

CR2E037 (4/06) ***

4. FEI Number 68-0608027

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financ Trust Furid Contribution.	sing \$5.00.May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, SR., ORVILLE N 6433 55TH SQUARE VERO BEACH, FL 32967			U00000580411 01/10/07-80047-009 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PETERSON, CONSTANCE A 6433 55TH SQUARE VERO BEACH, FL 32967			01/10/07-80047-009 /0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORDY, JACK P.O. BOX 897 FORT PIERCE, FL 34954		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, WILLIE M 516 5TH STREET S.W. VERO BEACH, FL 32962		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

INGHATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

2007 (172)569-9696