2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 722289

Entity Name: UNITED HOLINESS CHURCH OF CHRIST DELIVERANCE CENTER, INC.

Current Principal Place of Business:

1642 NW 3RD ST.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2748 NW 90TH STREET
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-2544199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKERSON,GRANT JR.
2748 N.W. 90TH ST
OCALA, FL 34475 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:	P	( ) Delete
Name:	WILKERSON,GRANT JR.,	
Address:	2748 NW 90TH STREET	
City-St-Zip:	OCALA, FL 34475	
Title:	V	( ) Delete
Name:	WILKERSON, JOSEPHINE,	
Address:	2748 NW 90TH STREET	
City-St-Zip:	OCALA, FL 34475	
Title:	DT	( ) Delete
Name:	JENKINS,DELIA,	
Address:	3561 GAINESVILLE,RD.	
City-St-Zip:	OCALA, FL 34475	
Title:	D	( ) Delete
Name:	MACK, LENA MAE	
Address:	2659 S.W.117TH CT.	
City-St-Zip:	OCALA, FL 34481	
Title:	S	( ) Delete
Name:	COLLINS, W. SYLVIA,	
Address:	13210 NE 30 COURT	
City-St-Zip:	ANTHONY, FL 32617	
Title:	D	( ) Delete
Name:	WILKERSON, RUSSELL K.	
Address:	2400 NE 37TH STREET	
City-St-Zip:	OCALA, FL 34470	

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:	
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 exemption stated 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 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: SYLVIA W. COLLINS S 03/29/2009

Electronic Signature of Signing Officer or Director — Date