

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90046 042 ****70.00

DOCUMENT # 726903 1. Entity Name CHURCH OF GOD DELIVERER, INC.					
Principal Place of Business 702 NE 27TH STREET OCALA, FL 34470 US			Mailing Address 702 NE 27TH STREET OCALA, FL 34470 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092005 Chg-NP CR2E037 (10/03) 4. FEI Number 26-4208642	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERSON, MARCIA DR 702 NE 27TH STREET OCALA, FL 34470			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, MARCIA DR		NAME	Roberson-Fields, Marcia L.	
STREET ADDRESS	702 NE 27TH STREET		STREET ADDRESS	702 NE 27th Street	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	Ocala, Fla. 34470	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, ARTHUR F JR.		NAME	Fields, Arthur F. Jr.	
STREET ADDRESS	812 NW 13TH AVE.		STREET ADDRESS	702 NE 27th Street	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	Ocala, Fla. 34470	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERSON, CHRISTOPHER		NAME		
STREET ADDRESS	2801 SW 137 PLACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, DIANE		NAME		
STREET ADDRESS	5761 NW 58TH TERR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAFT, ROBERT		NAME		
STREET ADDRESS	2901 NW 90TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LONNIE		NAME	Lee, Charles	
STREET ADDRESS	38 HEMLOCK RADIAL LOOP		STREET ADDRESS	3127 NW 57th Place	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	Gainesville, Fla. 32653	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Dr. Marcia L. Roberson</i> <i>Dr. Marcia L. Roberson</i>			3/9/05 (352) 671-6060 Date Daytime Phone #		