

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726903

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: CHURCH OF GOD DELIVERER, INC.

**Current Principal Place of Business:**

702 NE 27TH STREET  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

702 NE 27TH STREET  
OCALA, FL 34470 US

**New Mailing Address:**

FEI Number: 26-4208642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBERSON, MARCIA DR  
702 NE 27TH STREET  
OCALA, FL 34470 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: ROBERSON-FIELDS, MARCIA L  
Address: 702 NE 27TH STREET  
City-St-Zip: Ocala, FL 34470

Title: V ( ) Delete  
Name: FIELDS, ARTHUR F JR.  
Address: 702 NE 27TH STREET  
City-St-Zip: Ocala, FL 34470

Title: D ( ) Delete  
Name: ROBERSON, CHRISTOPHER  
Address: 2801 SW 137 PLACE  
City-St-Zip: Ocala, FL 34473

Title: T ( ) Delete  
Name: MCGEE, DIANE  
Address: 5761 NW 58TH TERR  
City-St-Zip: Ocala, FL 34482

Title: D ( ) Delete  
Name: CRAFT, ROBERT  
Address: 2901 NW 90TH STREET  
City-St-Zip: Ocala, FL 34475

Title: D ( ) Delete  
Name: LEE, CHARLES  
Address: 3127 NW 57TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: ROBERSON, CHRISTOPHER  
Address: 6470 NW 56TH TERRACE  
City-St-Zip: Ocala, FL 34482

Title: T (X) Change ( ) Addition  
Name: MCGEE, DIANE  
Address: 100 N. W. 23RD AVENUE  
City-St-Zip: Ocala, FL 34475

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 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: MARCIA L. ROBERSON-FIELDS

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date