

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726903

FILED
Mar 26, 2007
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:

ROBERSON-FIELDS, MARCIA DR
702 NE 27TH STREET
OCALA, FL 34470 US

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: DR. MARCIA ROBERSON-FIELDS 03/26/2007

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: 6470 NW 56TH TERRACE
City-St-Zip: Ocala, FL 34482

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

Title: D (X) 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: () 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 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: DR. MARCIA ROBERSON-FIELDS P 03/26/2007

Electronic Signature of Signing Officer or Director Date