

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736380

**FILED**  
**Jul 10, 2012**  
**Secretary of State**

**Entity Name:** THE FULL DELIVERANCE CHURCH OF JESUS, INC.

**Current Principal Place of Business:**

921 W. BENTLEY STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 550906  
ORLANDO, FL 328550906

**New Mailing Address:**

**FEI Number:** 59-3161895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREEMAN, WOODY E.  
1405 ROCKLAKE DR.  
ORLANDO, FL 32805 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: PD  
Name: FREEMAN, WOODY  
Address: 1405 ROCKLAKE DRIVE  
City-St-Zip: ORLANDO FL,

Title: VD  
Name: WRIGHT, WILLIE D.  
Address: 108 HOPE CIRCLE  
City-St-Zip: ORLANDO, FL 32811

Title: SD  
Name: FREEMAN, ELLA M  
Address: 1405 ROCKLAKE DRIVE  
City-St-Zip: ORLANDO FL,

Title: D  
Name: SHAW, MARTHA  
Address: 2000 W. LIVINGSTON STREET  
City-St-Zip: ORLANDO FL,

Title: SD  
Name: THOMAS, ETTA  
Address: 2414 WILLIE MAYS PARKWAY  
City-St-Zip: ORLANDO FL,

Title: TD  
Name: HALL, MAGGIE  
Address: 3256 W. SOUTH STREET  
City-St-Zip: ORLANDO, FL

I hereby 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 all other like empowered.

SIGNATURE: WOODY FREEMAN

PD

07/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date