2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 738634

1. Entity Name
GRACE AND TRUTH DELIVERANCE MINISTRIES INC.

FILED
Apr 23, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
913 REID ST. PALATKA, FL 32187	309 NORTH 9TH STREET PALATKA, FL 32177 US

04182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2355802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELLS, CORA B.
309 N. 9TH STREET
PALATKA, FL 32177

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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: Cora Belle Fells 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FELLS, CORA B.
STREET ADDRESS	309 N. 9TH STREET
CITY-ST-ZIP	PALATKA, FL
TITLE	VD
NAME	FELLS, EUGENE JR.
STREET ADDRESS	309 N 9TH STREET
CITY-ST-ZIP	PALATKA, FL
TITLE	SD
NAME	GILMORE, CATRECIA L
STREET ADDRESS	2806 ST. JOHNS AVENUE
CITY-ST-ZIP	PALATKA, FL
TITLE	TD
NAME	MAYS, BETTY L
STREET ADDRESS	2305 HUSSON AVENUE
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	MILLER, GLADYS L
STREET ADDRESS	3419 NORWOOD ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	MCCASKILL, LILLIE B.
STREET ADDRESS	1006 MADISON STREET
CITY-ST-ZIP	PALATKA, FL

U00000326372
04/23/05-80054-007 61.25

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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: Cora Belle Fells 4/19/05 386-328-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #