


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 032 ****70.00

DOCUMENT # 739779 1. Entity Name FAITH HOPE & CHARITY DELIVERANCE CENTER, INC.	
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Principal Place of Business 13223 NW 140TH ST P.O. BOX 327 ALACHUA, FL 32616 US	Mailing Address PO BOX 327 ALACHUA, FL 32616 US
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03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2699872	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALPHURS, NEIL A. 4 NORTH MAIN STREET ALACHUA, FL 32616	DO NOT WRITE IN THIS SPACE
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, ELIZA BELLE 13323 NW 157TH AVE ALACHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYES, BELINDA NE 7TH STREET NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLLINS, GLORIA 39TH AVENUE CREA PLUM GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Dr. Eliza B. Tate* / **DR. ELIZA B. TATE** / **3/17-05 386 462-2021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #