

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

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 742819**

1. Entity Name  
**FULL GOSPEL DELIVERANCE TABERNACLE OF O'NEAL,  
INC.**



Principal Place of Business  
**124 BARNWELL RD.  
FERNANDINA BCH, FL 32034 US**

Mailing Address  
**124 BARNWELL RD.  
FERNANDINA BEACH, FL 32034 US**

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>05-0014505</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MIXON, VIRGIL  
124 BARNWELL RD  
FERNANDINA BEACH, FL 32034**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MIXON, FRANCES
STREET ADDRESS	124 BARNWELL RD
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034

TITLE	VD
NAME	MIXON, VIRGIL
STREET ADDRESS	124 BARNWELL RD
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034

TITLE	STD
NAME	KALTENBACH, RHONDA
STREET ADDRESS	PO BOX 2231 (1458 KAREN WALK)
CITY - ST - ZIP	YULEE, FL 32041

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** *Rhonda Kaltenbach* - **RHONDA KALTENBACH STD** **4/3/05** **904-266-4734**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #