


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 746863	
1. Entity Name DELIVERANCE CHURCH OF OUR LORD JESUS OF THE APOSTOLIC FAITH, INC.	

Principal Place of Business 5504 BROOKLYN ROAD JACKSONVILLE, FL 32209	Mailing Address PO BOX 66161 5504 BROOKLYN ROAD JACKSONVILLE, FL 32208-6161
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0330400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOBLEY, ELDER AARON 2015 TUSKEEGEE ROAD JACKSONVILLE, FL 32209
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**DO NOT WRITE
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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOBLEY, ELDER AARON 2015 TUSKEEGEE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANE, PATRICIA 10551 PINE ESTATES ROAD EAST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHEVER, REGINALD 3134 SEINE DR JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000184039
01/20/05-80013-023 61.25

**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: Reginald Chever - Reginald Chever 1/13/05 (904) 768-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #