2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #761180

1. Entity Name

THE JESUS CHURCH OF DELIVERANCE OF THE APOSTOLIC FAITH, INC.



Principal Place of Business

2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG, FL 32050 Mailing Address

2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG, FL 32050

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90013 017 ****70.00

60014810



01302006 No Chg-NP

CR2E037 (11/05)

| 4. | FEI Number | | | | | |
|----|----------------|--|--|--|--|--|
| | NOT APPLICABLE | | | | | |
| | | | | | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, JOSEPH ELDER 2794 FORMAN CIRCLE MIDDLEBURG, FL 32068

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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 in 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, 2006 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | 1-31-06 | | |
| 10. | OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CLAYTON, CORA 2646 SAPP LN MIDDLEBURG, FL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD FORMAN, G. ELDER FORMAN, G. ELDER N.W. 3RD CT/120 NW 3rd, Cf. FT. LAUDERDALE, FL, 93311 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD OLIVER, MAMIE A 2794 FORMAN CIRCLE MIDDLEBURG, FL | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | P OLIVER, JOSEPH ELDER 2792 FORMAN CIRCLE MIDDLEBURG, FL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ELDER, STEWART JR 2785 FORMAN CIRCLE MIDDLEBURG, FL | | | | | | |
| TITLE | VP | | | | | | |
| NAME | OLIVER, GLEN J | | | | | | |
| Street address | 2798 FORMAN CIR | | | | | | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | | | | | |