


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-14-2006 90012032****61.25
761180

DOCUMENT # 761180 1. Entity Name THE JESUS CHURCH OF DELIVERANCE OF THE APOSTOLIC FAITH, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED

06 APR -3 PM 3:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



4. FEI Number NO-T APPLICABLE	Applicable For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OLIVER, JOSEPH ELDER 2794 FORMAN CIRCLE MIDDLEBURG FL 32068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 JOSEPH OLIVER ELDER 2/15/2006

Signature, typed or printed name of registered office and state if applicable (NOTE: Registered Agent signature required when registered) DATE

FILE NOW - FEE IS \$61.25 Due By: May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD CLAYTON, CORA 2846 SAPP LN MIDDLEBURG FL	TITLE	Chair Deacon Herbert Clayton 2646 Sapp Ln. Middleburg, FL 32068
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	OD FORMAN, G. ELDER 2710 N.W. 3RD CT. FT. LAUDERDALE FL	TITLE	Trustee Carla D. Oliver 2798 Forman Circle Middleburg, FL 32068
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD OLIVER, MAMIE A 2794 FORMAN CIRCLE MIDDLEBURG FL	TITLE	Trustee Mary G. Stewart 2785 Forman Circle Middleburg, FL 32068
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	P OLIVER, JOSEPH ELDER 2792 FORMAN CIRCLE MIDDLEBURG FL	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	DP ELDER, STEWART JR 2785 FORMAN CIRCLE MIDDLEBURG FL	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP OLIVER, GLEN J 2798 FORMAN CIR MIDDLEBURG FL 32068	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Elder Joseph Oliver