


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

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

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: *Elder Joseph Oliver* **Elder Joseph Oliver** *2/5/2007*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 NAME: CLAYTON, CORA STREET ADDRESS: 2646 SAPP LN CITY-ST-ZIP: MIDDLEBURG FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000626142 02/15/07-80005-024 61.25
TITLE: OD NAME: FORMAN, G. ELDER STREET ADDRESS: 1720 NW 3RD. CT CITY-ST-ZIP: FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: OLIVER, MAMIE A STREET ADDRESS: 2794 FORMAN CIRCLE CITY-ST-ZIP: MIDDLEBURG FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: OLIVER, JOSEPH ELDER STREET ADDRESS: 2792 FORMAN CIRCLE CITY-ST-ZIP: MIDDLEBURG FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: ELDER, STEWART JR STREET ADDRESS: 2785 FORMAN CIRCLE CITY-ST-ZIP: MIDDLEBURG FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: OLIVER, GLEN J STREET ADDRESS: 2798 FORMAN CIR CITY-ST-ZIP: MIDDLEBURG FL 32068	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Elder Joseph Oliver* **Elder Joseph Oliver** *2/5/07* *9042825223*
Signature and typed or printed name of signing officer or director Date Daytime Phone #