2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 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	Mailing Address
2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG FL 32050	2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG FL 32050

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

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVER, JOSEPH ELDER 2794 FORMAN CIRCLE MIDDLEBURG FL 32068	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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☐ Delete	TITLE	U00000813334 ☐ Change ☐ Addition
NAME	CLAYTON, CORA	NAME	02/12/08-80084-019 70.00
STREET ADDRESS	2646 SAPP LN	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TITLE	OD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORMAN,G. ELDER	NAME	
STREET ADDRESS	1720 NW 3RD. CT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, MAMIE A	NAME	
STREET ADDRESS	2794 FORMAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, JOSEPH ELDER	NAME	
STREET ADDRESS	2792 FORMAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ELDER, STEWART JR	NAME	
STREET ADDRESS	2785 FORMAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, GLEN J	NAME	
STREET ADDRESS	2798 FORMAN CIR	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	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.

SIGNATURE: