2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004
Secretary of State

DOCUMENT# 762514

Entity Name: EVANGELISTIC DELIVERANCE MIRACLES REVIVAL CENTER, INC.

Current Principal Place of Business:

SOUTH MILLS ST.
PO BOX 143
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

SOUTH MILLS ST
PO BOX 143
WHITE SPIRNGS, FL 320960143 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHERSON, LILLIE BELL
SECOND SUWANNEE ST.
WHITE SPRINGS, FL 32096

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MARSHALL, WALLACE L.,	
Address:	RIVER ROAD, SE	
City-St-Zip:	WINTER SPRINGS, FL	
Title:	TD	( ) Delete
Name:	MARSHALL, HELEN	
Address:	RIVER ROAD, SE	
City-St-Zip:	WHITE SPRINGS, FL	
Title:	VD	( ) Delete
Name:	ROBINSON, JAMES A	
Address:	LENARD ST	
City-St-Zip:	OLUSTER, FL	
Title:	S	( ) Delete
Name:	HUTCHERSON, EOLA	
Address:	ADAM ST	
City-St-Zip:	WHITE SPRINGS, FL	
Title:	S	( ) Delete
Name:	ROBINSON, ROSETTA	
Address:	CENARD ST	
City-St-Zip:	OLUSTER, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HUTCHERSON, CEOLA	
Address:	ADAM ST	
City-St-Zip:	WHITE SPRINGS, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE MARSHALL PAST 06/22/2004

Electronic Signature of Signing Officer or Director — Date