

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762514

FILED
Mar 21, 2005
Secretary of State

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:

9892 SE 159TH AVE
WHITE SPRINGS, FL 32096 US

Current Mailing Address:

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

New Mailing Address:

9892 SE 159TH AVE.
WHITE SPIRNGS, FL 320960143 US

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 US

Name and Address of New Registered Agent:

SHEPPARD, ELLA M
713 NE CATAWBA AVE
LAKE CITY, FL 32055 US

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: ELLA M. SHEPPARD

03/21/2005

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, CEOLA
Address: ADAM ST
City-St-Zip: WHITE SPRINGS, FL

Title: S (X) Delete
Name: ROBINSON, ROSETTA
Address: CENARD ST
City-St-Zip: OLUSTER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DYE, JOHN H
Address: 281 N.W FIDDLERS LN.
City-St-Zip: LAKE CITY, FL 32055 US

Title: TD (X) Change () Addition
Name: MARSHALL, HELEN
Address: 14432 SE COUNTY ROAD 25A
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: VD (X) Change () Addition
Name: DYE, CAROLYN Y
Address: 281 NW FIDDLERS LANE
City-St-Zip: LAKE CITY, FL 32055 US

Title: S (X) Change () Addition
Name: VREEN, FERTIMA N
Address: 1131 NE 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609 US

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: JOHN H. DYE

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date