

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 763004

1. Entity Name
ORLANDO DELIVERANCE EVANGELISTIC
ASSOCIATION, INC



Principal Place of Business
4158 COLUMBIA STREET
ORLANDO, FL 32811

Mailing Address
4158 COLUMBIA STREET
ORLANDO, FL 32811

FILED
Feb 23, 2004 08:00 AM
Secretary of State



02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0171200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAMBLE, HARZELL
3716 WILTS ST.
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAMBLE, REV. HARZELL
STREET ADDRESS	3716 WILTS ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	VD
NAME	GAMBLE, CHARLIE J.
STREET ADDRESS	3716 WILTS ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	TD
NAME	FISHER, HORACE
STREET ADDRESS	4968 LESCOT LANE
CITY-ST-ZIP	ORLANDO, FL

TITLE	SD
NAME	NICKENS, LOUISE
STREET ADDRESS	3641 MEADOW LAKE LANE
CITY-ST-ZIP	ORLANDO, FL

TITLE	D
NAME	HARRIS, ROY
STREET ADDRESS	2904 HEARTHSTONE WAY
CITY-ST-ZIP	ORLANDO, FL

TITLE	D
NAME	JOHNSON, TORIS K.
STREET ADDRESS	RT. 7, BOX 481-B
CITY-ST-ZIP	ORLANDO, FL

100000061042
02/23/04-80062-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rev. Harzell Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2004 (407) 2992714
Date Daytime Phone