


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 764517 1. Entity Name GREAT DELIVERANCE PENTECOSTAL CHURCH OF GOD, INC			
Principal Place of Business 512 W LIBSON PARKWAY DELAND, FL 32720 US		Mailing Address PO BOX 1304 DELAND, FL 32720	
2. Principal Place of Business Suite, Apt. #, etc. Libson Parkway 455 425 Libson		3. Mailing Address 425 Libson Parkway Suite, Apt. #, etc.	
City & State Deland FL 32720		City & State Deland	
Zip 32720	Country Volusia	Zip 32720	Country Volusia
6. Name and Address of Current Registered Agent WILLIAMS, JAMES E 2477 CRAWFORD DRIVE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name James E. Williams Street Address (P.O. Box Number is Not Acceptable) 1058 Libby Ct. City Daytona Beach FL Zip Code 32117	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES E 2477 CRAWFORD DRIVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James E. Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1058 Libby Ct. Daytona Beach FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, LILLIE MAE 1114 S. PARSON ST. DELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600048869036 03/22/05--01040--023 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, DOLORIS 810 LENORE STREET DAYTONA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doloris Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1058 Libby Ct. Daytona Beach FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: James Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/05 Daytime Phone # _____

FILED

05 MAR 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212005 Chg-NP CR2E037 (10/03)

4. FEI Number
43-2040699 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required