

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*

DOCUMENT # 764517

1. Entity Name  
GREAT DELIVERANCE PENTECOSTAL CHURCH OF  
GOD, INC



Principal Place of Business  
425 LISBON PARKWAY  
DELAND, FL 32720 US

Mailing Address  
425 LISBON PARKWAY  
DELAND, FL 32720 US

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

04252007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
43-2040699

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

WILLIAMS, JAMES E  
1058 LIBBY CT  
DAYTONA BEACH, FL 32117

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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 PD ☐ Delete  
NAME WILLIAMS, JAMES E  
STREET ADDRESS 1058 LIBBY CT  
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME LEWIS, LILLIE M  
STREET ADDRESS 1114 S. PARSON ST.  
CITY-ST-ZIP DELAND, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILLIAMS, DELORIS  
STREET ADDRESS 1058 LIBBY CT  
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*James Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07