2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 764517

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

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

03082008 No Chg-NP CR2E037 (4/06)

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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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000856858
03/28/08-80027-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JAMES E
STREET ADDRESS	1058 LIBBY CT
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	STD
NAME	LEWIS, LILLIE M
STREET ADDRESS	1114 S PARSON ST
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	WILLIAMS, DELORIS
STREET ADDRESS	1058 LIBBY CT
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 E Williams 3/10/08 386-258-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #