

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:52

DOCUMENT # 769407 1. Entity Name EVANGELISTIC SAINTS OF DELIVERANCE INC.					
Principal Place of Business % REVEREND JAMES COOPER JOHNSON 11250 S.W. 218TH ST. GOULDS, FL 33170			Mailing Address % REVEREND JAMES COOPER JOHNSON 11250 S.W. 218TH ST. GOULDS, FL 33170		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, REVEREND JAMES COOPER 11250 S.W. 218TH ST. GOULDS, FL 33170			Name <u>Vergie Holloman (mother of church)</u> Street Address (P.O. Box Number is Not Acceptable) <u>11250 S.W. 218th St</u> <u>Vergie Holloman</u> City <u>Goulds</u> FL Zip Code <u>33170</u>		
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 <u>James Cooper Johnson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Vergie Holloman</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by October 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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JAMES COOPER		NAME	500060623225	
STREET ADDRESS	11250 S.W. 218TH ST.		STREET ADDRESS	10/14/05--01047--014 **\$8.00	
CITY-ST-ZIP	GOULDS, FL		CITY-ST-ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONEY, FLOYD		NAME	500060623225	
STREET ADDRESS	11401 S.W. 222ND STREET		STREET ADDRESS	10/14/05--01047--015 **\$1.00	
CITY-ST-ZIP	GOULDS, FL		CITY-ST-ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Holloman, Vergie - Vergie Holloman		NAME		
STREET ADDRESS	11250 S.W. 218th St		STREET ADDRESS		
CITY-ST-ZIP	Goulds, Fla		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>James Cooper Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9-20-05</u>		Daytime Phone # <u>(305) 255-0443</u>