

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90033 012 \*\*\*\*61.25

**DOCUMENT # 841955**

1. Entity Name

INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC.



Principal Place of Business

1506 S SLAPPEY BLVD  
PO BOX 4460  
ALBANY GA 31706-4460

Mailing Address

1506 S SLAPPEY BLVD  
PO BOX 4460  
ALBANY GA 31706-4460

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

58-1383663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ISIAH  
3318 HIGHLAND AVENUE  
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOWLER, DEACON ROLAND ☐ Delete  
1406 E TIFT  
ALBANY GA 31705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAMILTON, DEACON ROBERT ☐ Delete  
204 LEXINGTON DR  
ALBANY GA 31705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
REVILLS, ELDER ULLAINEE ☐ Delete  
1618 MOULTRIE RD  
ALBANY GA 31705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
HAWKINS, ANN W. ☐ Delete  
RT 2, BOX 900  
NEWTON GA 39870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
COLLINS, REBECCA D ☐ Delete  
APARTMENT 315, MALONE TOWERS  
ALBANY GA 31701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
REVILLS, APOSTLE ISAIAH ☐ Delete  
1618 MOULTRIE RD  
ALBANY GA 31705

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-03-04 436-7707 229