


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 001 ****61.25

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| DOCUMENT # 841955 |  |
| 1. Entity Name INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC. | |

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| 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 |
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 58-1383663 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WILLIAMS, ISIAH
3318 HIGHLAND AVENUE
FT. MYERS, FL 33916

**DO NOT WRITE
IN THIS SPACE**

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 See Revills Davis DATE 09-02-06

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

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| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOWLER, DEACON ROLAND 1406 E TIFT ALBANY, GA 31705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, DEACON ROBERT 204 LEXINGTON DR ALBANY, GA 31705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD / REVILLS, ELDER ULLAINEE 1618 MOULTRIE RD ALBANY, GA 31705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DAVIS, REVILLS TEE 1220 AUGUSTA DRIVE ALBANY, GA 31707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HALL, GLADIS RTE 2, BOX 1850 NEWTON, GA 39870 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REVILLS, APOSTLE ISIAH 1618 MOULTRIE RD ALBANY, GA 31705 |

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IN THIS SPACE**

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: Julius Revills SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-2-06 Daytime Phone # 229-436-7707