2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2006
Secretary of State

DOCUMENT# F00000003744

Entity Name: THE DISCIPLES OF CHRIST DELIVERANCE OUTREACH APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

289 HALSPUR ROAD
HAZLEHURST, GA 315390971 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 102
SCOTLAND, GA 31083 US

New Mailing Address:

PO BOX 58
HAZLEHURST, GA 31539 US

FEI Number: 58-2359381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOYD, CHERYL C
7234 KEN KNIGHT DR E
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STOUT, MONICA	
Address:	208 BAY AVE	
City-St-Zip:	MCREA, GA 31083	
Title:	S	( ) Delete
Name:	CONEY, LOUISE	
Address:	1091 OAK FOREST APT. 14	
City-St-Zip:	EASTMAN, GA 31023	
Title:	D	( ) Delete
Name:	ALLEN, ZARET	
Address:	10 LOUISE LANE	
City-St-Zip:	BAXLEY, GA	
Title:	P	( ) Delete
Name:	EADY, CORTEZ	
Address:	2ND AVE	
City-St-Zip:	SCOTLAND, GA	
Title:	EL	( ) Delete
Name:	HILL SR, ELDER J	
Address:	WILLIE FOSTER RD.	
City-St-Zip:	HAZLEHURST, GA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORTEZ L. EADY P 06/11/2006
Electronic Signature of Signing Officer or Director — Date