

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006458

1. Entity Name
LIVING CHRIST DELIVERANCE CENTERS OF AMERICA, INC.



Principal Place of Business
**3451 - CENTRAL AVE
ST. PETERSBURG, FL 33711**

Mailing Address
**PO BOX 10411
ST. PETERSBURG, FL 33733-0411**



03272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316896

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, BEATRICE E
2110 16TH STREET S
ST. PETERSBURG, FL 33705**

**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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, DORIS 562 41ST STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, FELICIA 3403 N. 24TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, BEATRICE E 2110 16TH STREET S ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MAUDINE 2132 WEST GRACE ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000548958
05/12/06-00084-023 61.25

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: *Beatrice E. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 *727-365-5351*
Date Daytime Phone #