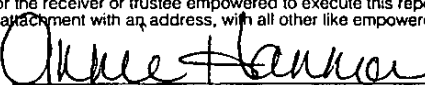


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001506 1. Entity Name THE SANCTUARY OF THE LORD DELIVERANCE MINISTRY, INC.						FILED 05 FEB 11 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1938 BAYWIND CT TALLAHASSEE, FL 32303				Mailing Address 1938 BAYWIND CT TALLAHASSEE, FL 32303			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HANNOR, ANNIE 1938 BAY WIND CT TALLAHASSEE, FL 32303				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)							
Filing Fee is \$61.25 Due by May 1, 2005				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE, FL 32303			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, BRUCE 7654 NW 17TH PLACE MIAMI, FL 33147			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HALL, ALBERTA 3151 NW 16TH ST. FT. LAUDERDALE, FL 33311			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEVON 7470 NW 35TH ST FT. LAUDERDALE, FL			☐ Delete	☐ Change ☐ Addition 700046879877 02/18/05--01060--005 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, TAMETRIA 7470 NW 35TH ST FT. LAUDERDALE, FL			☐ Delete	☐ Change ☐ Addition 700046879877 02/18/05--01060--005 **8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CALVIN 7470 NW 35TH ST FT. LAUDERDALE, FL			☐ Delete	☐ 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: 				2-11-05 850 386-3719			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			