


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000001858</b>	
<b>1. Entity Name</b> DELIVERANCE TEMPLE FIRST BORN CHURCH, INC.	

<b>Principal Place of Business</b> 5715 HARDWAY ROAD CHATTAHOOCHEE, FL 32324	<b>Mailing Address</b> P.O. BOX 354 CHATTAHOOCHEE, FL 32324
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04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3295441	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DEAS, TITUS B JR. 225 QUAIL ROAST DRIVE QUINCY, FL 32352
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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** Titus B Deas, Jr. **DATE** 4/26/07  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> DEAS, TITUS B JR. 225 QUAIL ROAST DR QUINCY, FL 32352
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> DUPREE, PAMELLA 2855 APALACHEE PKWY C142 TALLAHASSEE, FL 32308
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> VICKS, CAROL 1203 PINE CIRCLE S.W CAIRO, GA 39828
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> WILLIAMS, PENNY R 325 COCHRAN ROAD CHATTAHOOCHEE, FL 32324
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80020-002 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:** Penny Williams **DATE** 4/26/07 **Daytime Phone #** (850) 442-4447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR