

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90012 041 ****61.25

DOCUMENT # N00000003791

1. Entity Name
DELIVERANCE TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
**1093 HAMPTON RD
DAYTONA BEACH, FL 32114**

Mailing Address
**1093 HAMPTON RD
DAYTONA BEACH, FL 32114**

2. Principal Place of Business - No P.O. Box #
400 School Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008

Chg-NP

CR2E037 (12/06)

City & State
Daytona Beach, FL

City & State

4. FEI Number
65-1021290

Applied For

Not Applicable

Zip
32114

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, SAMUEL
1093 HAMPTON RD
DAYTONA BEACH, FL 32114**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**VD
OGLESBY, JOHNNY
319 S COTTLE CIRCLE
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Oglesby, Johnny
819 S. Kettle Circle
Daytona Beach, FL 32114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CURRY, DIKY
1537 ILLICAI ST
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Curry, Diky
1537 Illinois Street
Daytona Beach, FL 32114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
TODD, EUGENE
PO BOX 9367/534 CEDAR ST
DAYTONA BEACH, FL 32120** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Williams, Samuel
1093 Hampton Rd.
Daytona Beach, FL 32114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, SAMMIE
1093 HAMPTON RD
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Williams, Samuel
1093 Hampton Rd.
Daytona Beach, FL 32114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Johnny Oglesby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08 386-257-9751
Date Daytime Phone #