

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005811

FILED
Apr 12, 2004
Secretary of State

Entity Name: DELANEY MINISTRIES ASSISTED LIVING CENTER, INC.

Current Principal Place of Business:

1919 DELANEY AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1919 DELANEY AVE.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 58-2621482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEAD, JOHN V
13011 BELIERIVE
ORLANDO, FL 32828 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: STORY, MICHAEL
Address: 7469 SWALLOW RUN
City-St-Zip: WINTER PARK, FL 32792

Title: SD () Delete
Name: RICH, DOTTIE (DORIS)
Address: 528 ANDES AVENUE
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: LINDBERG, EIRA
Address: 6722 DANCY COURT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: PRIEST, BILLIE
Address: 2926 LAKE PINELOCH BLVD
City-St-Zip: ORLANDO, FL 32806

Title: DVP () Delete
Name: COMPTON, DOROTHY
Address: 1116 SALERNO COURT
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: PYLE, FRANK JR
Address: 1832 ANTIGUA DRIVE
City-St-Zip: ORLANDO, FL 32806

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
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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 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 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: MICHAEL STORY

P

04/12/2004

Electronic Signature of Signing Officer or Director

Date