

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 23, 2005
Secretary of State**

DOCUMENT# N00000008328

Entity Name: HOUSE OF DELIVERANCE, INC.

Current Principal Place of Business:

5747 BIBLE CAMP RD
GROVELAND, FL 34736

New Principal Place of Business:

155 IVEY AVE
GROVELAND, FL 34736

Current Mailing Address:

5747 BIBLE CAMP RD
GROVELAND, FL 34736

New Mailing Address:

155 IVEY AVE
GROVELAND, FL 34736

FEI Number: 59-3690783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JORDAN, EDWARD P II
13543 E HWY 50
CLERMONT, FL 34711 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: D () Delete
Name: AUTHUR, SAMUEL
Address: 5747 BIBLE CAMP RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: ARTHUR, SANDRA D
Address: 5747 BIBLE CAMP RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: FRANKS, ROBERT
Address: 155 IVEY AVE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRANKS, ROBERT
Address: 740 PITT ST
City-St-Zip: CLERMONT, FL 32711

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: SANDRA D. ARTHUR

D

05/23/2005

Electronic Signature of Signing Officer or Director

_____ Date