2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000214

FILED May 08, 2004 Secretary of State

Entity Name: WORD OF DELIVERANCE CHRISITIAN CENTER INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	O GROVE DR AST, FL 32137				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O BOX 352932 PALM COAST, FL 32135				8 BUFFALO GROVE DR. PALM COAST, FL 32137	
FEI Number: 62-1831543 FEI Number Applied For() FEI N		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
PALM COA	O GROVE DR AST, FL 32137 named entity se of Florida.		urpose of changing its registe	red office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AP () HILL, ROSIA 8 BUFFALO GR PALM COAST, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BOT () WATKINS, REV 2621 DANDELIC ROWLETT, TX	ON LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () WATKINS, LEGA 2621 DANDELIC ROWLETT, TX	ON LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MCCRAY, JESS	WAY EAST #122	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	B () SMITH, BENNET 1054 LOCARNO MOBILE, AL 36	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROSIA HILL AP 05/08/2004