2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005
Secretary of State

DOCUMENT# N01000000214

Entity Name: WORD OF DELIVERANCE CHRISITIAN CENTER INC.

Current Principal Place of Business:

8 BUFFALO GROVE DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

8 BUFFALO GROVE DR.
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 62-1831543 **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:

HILL, DUANE
8 BUFFALO GROVE DR
PALM COAST, FL 32137 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: AP ( ) Delete
Name: HILL, ROSIA
Address: 8 BUFFALO GROVE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: BOT ( ) Delete
Name: WATKINS, REV JIMMY
Address: 2621 DANDELION LANE
City-St-Zip: ROWLETT, TX 75089

Title: T ( ) Delete
Name: WATKINS, LEGAIL MIN
Address: 2621 DANDELION LANE
City-St-Zip: ROWLETT, TX 75089

Title: MNTR ( ) Delete
Name: MCCRAY, JESSE
Address: 901 CARALYLE WAY EAST #122
City-St-Zip: MOBILE, AL 36609

Title: B ( ) Delete
Name: SMITH, BENNETT
Address: 1054 LOCARNO STREET
City-St-Zip: MOBILE, AL 36608

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
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: DUANE HILL RA 07/20/2005
Electronic Signature of Signing Officer or Director — Date