

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000353

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** ROHI DELIVERANCE CHURCH, INC.

**Current Principal Place of Business:**

545 SOUTH ADELLE AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2047  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-3701164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

LANCASTER, AUSTIN  
1111 CITY RD. 315  
GRANDIN, FL 32138      US

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: PD      ( ) Delete  
Name: LANCASTER, AUSTIN  
Address: P.O BOX 146  
City-St-Zip: GRANDIN, FL 32138

Title: VPD      ( ) Delete  
Name: LANCASTER, LINDA S  
Address: P.O BOX 146  
City-St-Zip: GRANDIN, FL 32138

Title: STD      ( ) Delete  
Name: COHENS, TERRENZI M  
Address: PO BOX 2353  
City-St-Zip: GAINESVILLE, FL 32614

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AUSTIN LANCASTER

PD

09/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date