2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# N01000002223

Entity Name: DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

910 TANGLED OAKS DR
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

910 TANGLED OAKS DR
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1096826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHRAG, RYAN
910 TANGLED OAKS DR
SARASOTA, FL 34232 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:	PD	( ) Delete
Name:	SCHRAG, RYAN	
Address:	910 TANGLED OAKS DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VD	(X) Delete
Name:	MILLER, LEROY	
Address:	4609 CRONIN DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	TD	( ) Delete
Name:	HELMUTH, PHIL	
Address:	1267 CORNISH CT	
City-St-Zip:	SARASOTA, FL 34232	
Title:	SD	( ) Delete
Name:	SCHRAG, KIM	
Address:	910 TANGLED OAKS DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	MILLER, CLETE	
Address:	1022 HANCOCK ST	
City-St-Zip:	SARASOTA, FL 34232	

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: KIM SCHRAG SD 03/15/2005

Electronic Signature of Signing Officer or Director — Date