## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003740

Entity Name: FAITH DELIVERANCE CHRISTIAN CENTER, INC.

FILED Mar 03, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6035 FORT CAROLINE RD SUITE 15 JACKSONVILLE, FL 32277 **New Mailing Address: Current Mailing Address:** P.O. BOX 550603 JACKSONVILLE, FL 32225 FEI Number: 59-3723628 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LITTLE, ADDISON S LITTLE, ADDISON S 11315 WOODSONG LOOP SOUTH 3125 TÁLL PINE LN APT #2 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32277 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: 03/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LITTLE, ADDISON S LITTLE, ADDISON S Name: Name: 11315 WOODSONG LOOP SOUTH Address: 3125 TALL PINE LN APT #2 Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32277 Title: ( ) Delete Title: (X) Change ( ) Addition MCNEAL, HAROLD D Name: MCNEAL, HAROLD D Name: Address: 11315 WOODSONG LOOP SOUTH Address: 8151 WEYBRIDGE DR City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32244 Title: () Delete Title: (X) Change ( ) Addition MCNEAL, ANGELA A Name: MCNEAL, ANGELA A Name: 6035-15 FT CAROLINE RD 8152 WEYBRIDGE DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32244 ( ) Delete Title: Title: () Change () Addition Name: KEYE, JOHN J Name: 2244 COURTNEY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MARVIN, BROOKS S Name: Name: 209 W 23RD STREET Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32206 Title: () Delete Title: ( ) Change (X) Addition JAMES, LUNDY R JR Name: Name: Address: Address: 11333 AMERICAN LN JACKSONVILLE, FI 32218 City-St-Zip: 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: ADDISON S. LITTLE D 03/03/2004