

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2005
Secretary of State**

DOCUMENT# N01000008787

Entity Name: CHRISTIAN DELIVERANCE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1007 S SANFORD AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

C/O REV RICKEY PARKS
1000 E 9TH ST
SANFORD, FL 32771

New Mailing Address:

FEI Number: 74-3029238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKS, RICKEY REV
1000 E 9TH ST
SANFORD, FL 32771 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: D () Delete
Name: PARKS, RICKEY
Address: 1000 E 9TH STREET
City-St-Zip: SANFORD, FL 32771

Title: PD () Delete
Name: PARKS, CRAIG
Address: 1301 E MCINTOSH RD
City-St-Zip: GRIFFIN, GA 30223

Title: D () Delete
Name: PARKS, NETTIE
Address: 1000 E 9TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PARKS, NETRICK
Address: 1000 E 9TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: COBARRIS, GINA N
Address: 911 SOUTH SANDFORD AVENUE
City-St-Zip: SANFORD, FL 32771

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: D (X) Change () Addition
Name: COBARRIS, GINA N
Address: POST OFFICE BOX 1674
City-St-Zip: SANFORD, FL 32772

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: GINA COBARRIS

D

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date